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State of Utah  
Department of Human Service  
Division of Child and Family Services

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Annual Progress and Service Report

Submitted: June 30, 2020

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ATTACHMENTS

- Attachment A. State Attorney General’s Letter
- Attachment B. 2020 Utah Legislative Session Statute Applicable to CPS
- Attachment C. CPS Citizen Review Panel Annual Report Calendar Year 2019
- Attachment D. Foster and Adoptive Parent Diligent Recruitment Plan
- Attachment E. Healthcare Oversight and Coordination Plan
- Attachment F. Emergency Response Plan
- Attachment G. Training Plan
- Attachment H. CFS-101

## INTRODUCTION

The Utah Division of Child and Family Services (DCFS) is submitting this Annual Progress and Services Report (APSR) for the 2020-2024 Child and Family Services Plan (CFSP) in accordance with ACYF-CB-PI-20-02, issued by the Administration for Children and Families, Children's Bureau, on February 4, 2020. This report provides a review and update of progress made in attaining Utah's vision for child welfare system improvements as stated in its FFY 2020-2024 CFSP, with the overall goals leading to safe children through strengthened families in the context of a strong workforce and integrated child welfare system. Utah's CFSP also leads to desired outcomes of safety, permanency, and wellbeing for Utah's children and families through strengthened partnerships within the state's child welfare system.

In this document, DCFS also provides an update on Utah's progress related to the following:

- Seven child and family outcomes and the seven systemic factors that are part of the Child and Family Services Review (CFSR).
- Major program areas that coordinate the delivery of services to children and families.
- Goals on improving the safety of children through strengthening their families, in the context of a strong workforce and integrated child welfare system.
- Continuous Quality Improvement (CQI) principles and workflows.
- Substantial ongoing meaningful involvement of stakeholders, tribes, and courts, which were instrumental in the development of Utah's 2020-2024 CFSP.
- Training activities that are designed to support the child welfare system.

The following programs are coordinated by the submission of the 2020-2024 CFSP and their progress will also be reviewed in this APSR:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1).
- Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2).
  - Family Preservation.
  - Family Support.
  - Family Reunification.
  - Adoption Promotion and Support Services.
- Kinship Navigator Funding.
- Monthly Caseworker Visit Funds.
- Adoption and Legal Guardianship Incentive Payment Funds.
- Adoption Savings.
- Chafee and ETV.
- Training activities in support of the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

Utah's 2020-2024 CFSP was informed by Utah's Title IV-E child welfare waiver demonstration project, which concluded on September 30, 2019, and by activities outlined in the Child Abuse Prevention and Treatment Act (CAPTA) Plan.

This document will be distributed to the following agencies or individuals:

- Executive Director, Department of Human Services.
- Federal Regional Program Manager, Region VIII, Children's Bureau.
- Federal Child and Family Program Specialist for Utah, Region VIII, Children's Bureau.

This APSR will also be made available to Native American Tribes located within the State of Utah, placed online at <http://dcfs.utah.gov/reports/>, and it will be available to other interested parties at their request.

The individual to contact regarding Utah's APSR is:

Cosette Mills, Federal Operations Administrator  
Division of Child and Family Services  
195 North 1950 West  
Salt Lake City, UT 84116  
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## **State Agency Administering the Programs**

The Department of Human Services (DHS) is responsible for the administration of programs and services provided using funding authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs as well as child abuse prevention and domestic violence services delivered to Utah's children and families. As such, DCFS administers federal funds received through the Stephanie Tubbs Jones Child Welfare Services (IV-B Part 1), PSSF (IV-B Part 2) including Monthly Caseworker Visits; Adoption Incentive Payment; CAPTA; Chafee; and ETV.

The child welfare system in Utah is state-administered. DCFS is the lead child welfare agency and provides services throughout the state. The division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, as well as overall management of child and family welfare programs and services. The division is the agency responsible for establishing practice standards for all programs and services provided directly by DCFS staff or by contract providers.

The Division Director is the administrative head of the division. The director's office is located in the state administrative headquarters in Salt Lake City, Utah.

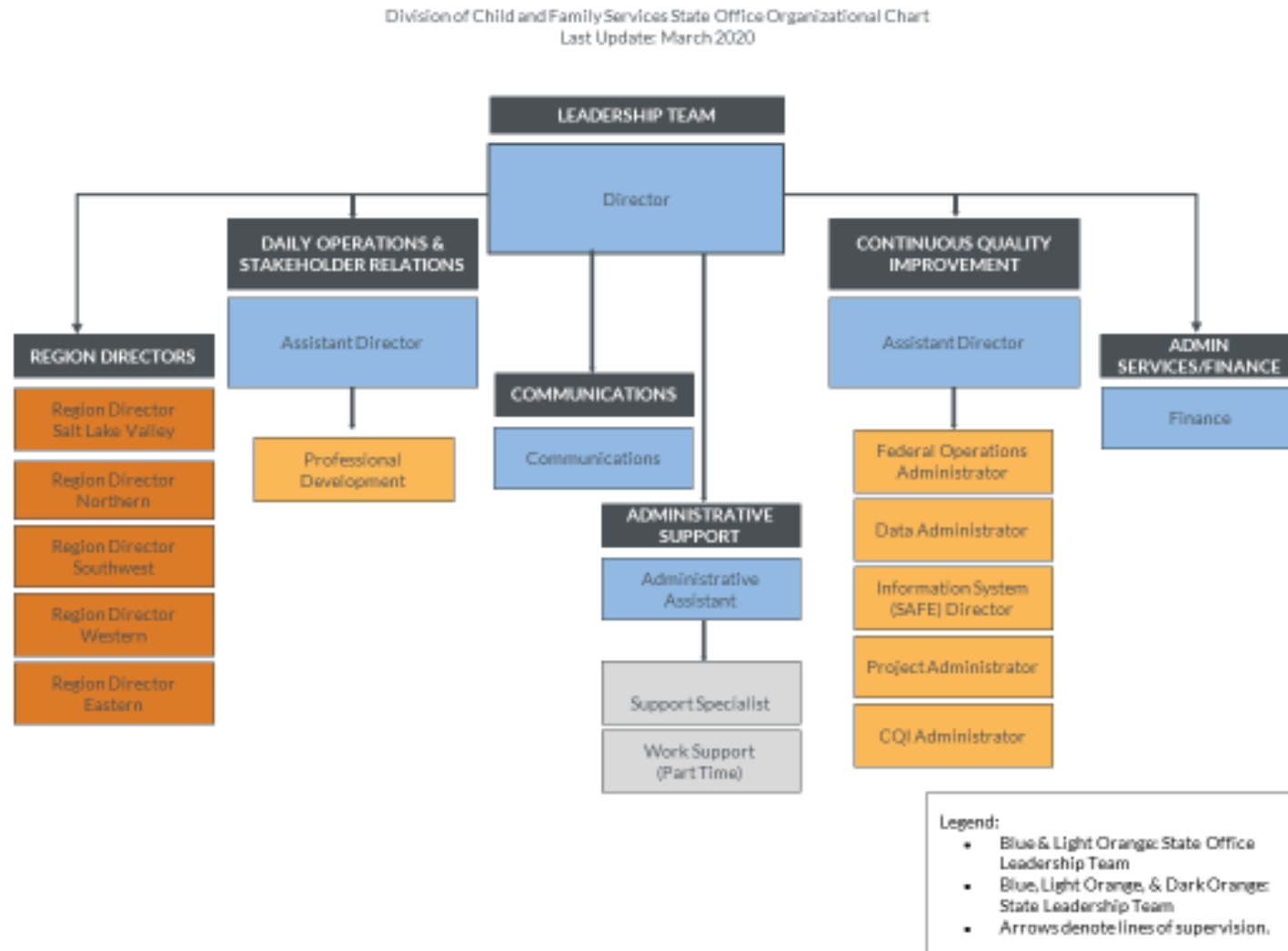
Diane Moore, Director  
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E-mail: dmoore@utah.gov

Three administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the Director; two Deputy Directors; Finance; Practice Development & Implementation; Data & Quality Assurance; Professional Development; Federal Operations; Communications; and Administrative Support. This body has primary responsibility for overseeing state office operations, including planning, budgeting, and communications. Second, a Region Director (RD) meeting is held twice monthly and includes the Director, two Deputy Directors, the five Region Directors, and Administrative Support. This team is responsible for coordinating statewide operations and ensuring consistency of practice and access to services across the state. Third, the State Leadership Team (SLT) meets monthly and consists of the DCFS State Office Administrative Team and the five Region Directors. This team connects the work done by the DCFS State Office Administrative Team and the RD group to align State Office operations with region needs.

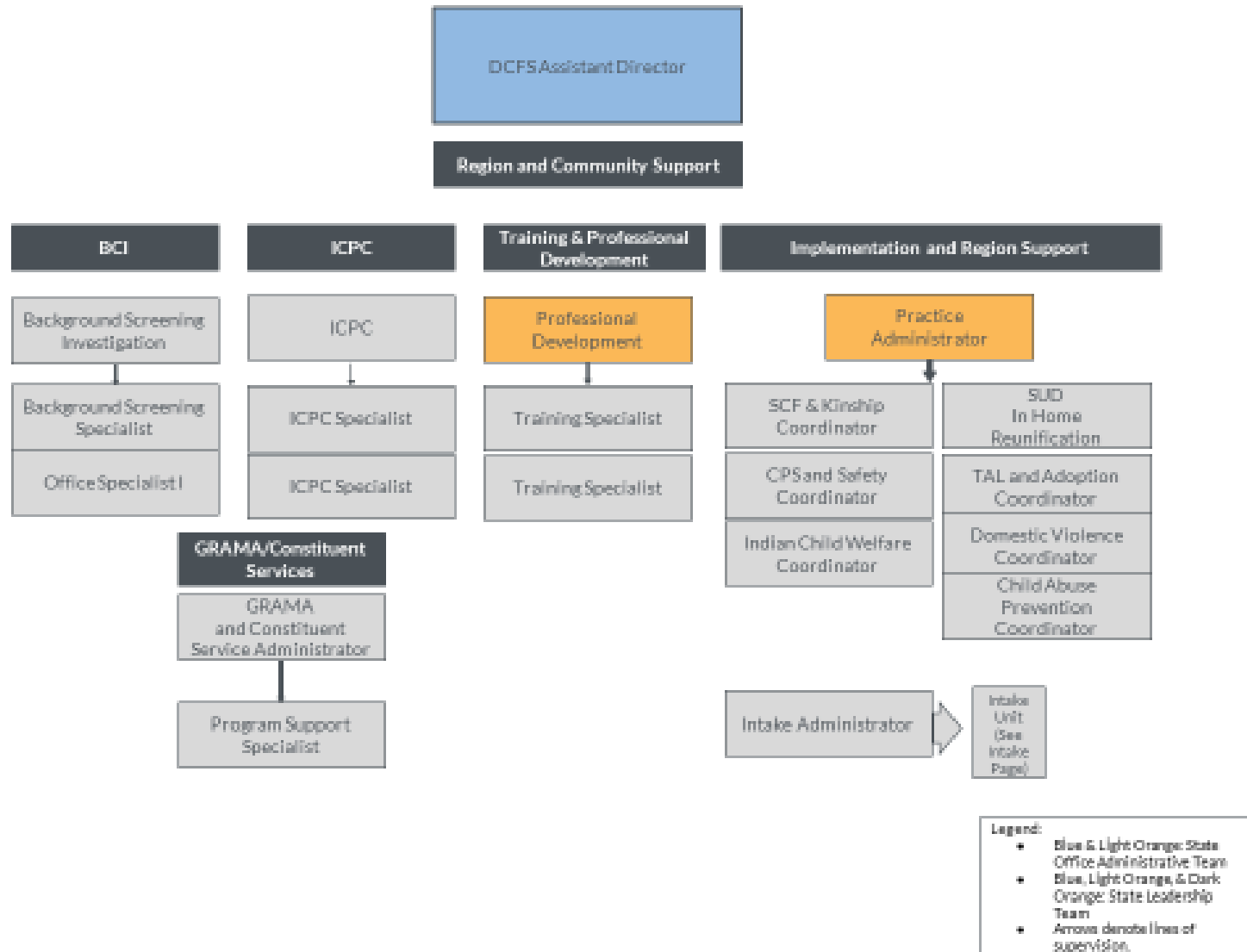
Region Directors, located in five geographically defined regions, lead their administrative teams and are responsible for their region's budget, personnel, interagency partnerships, and service delivery. Staff members in the regions deliver services statewide to children and families. Private or nonprofit contract providers deliver additional services.



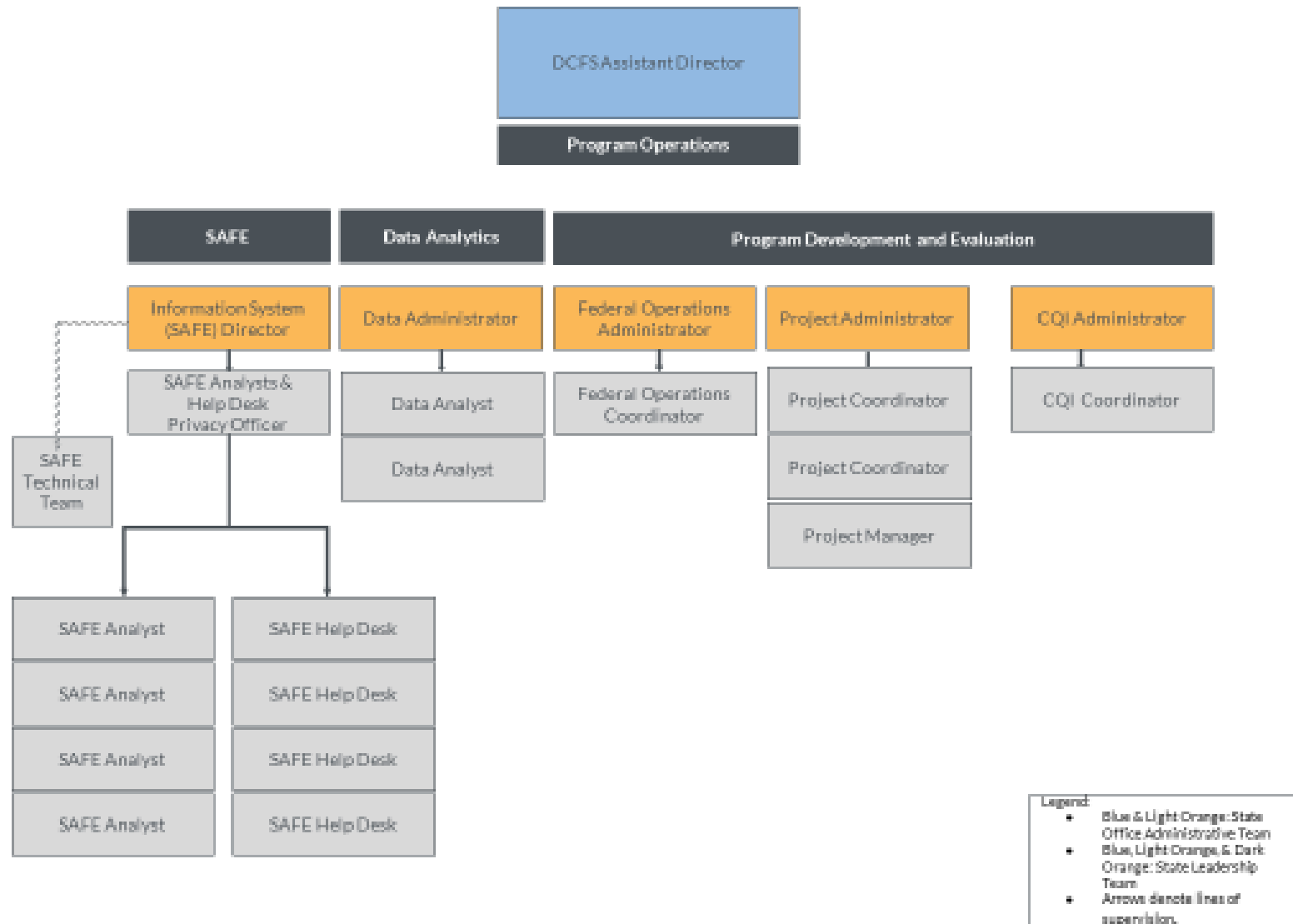
## Division of Child and Family Services State Office Organizational Chart



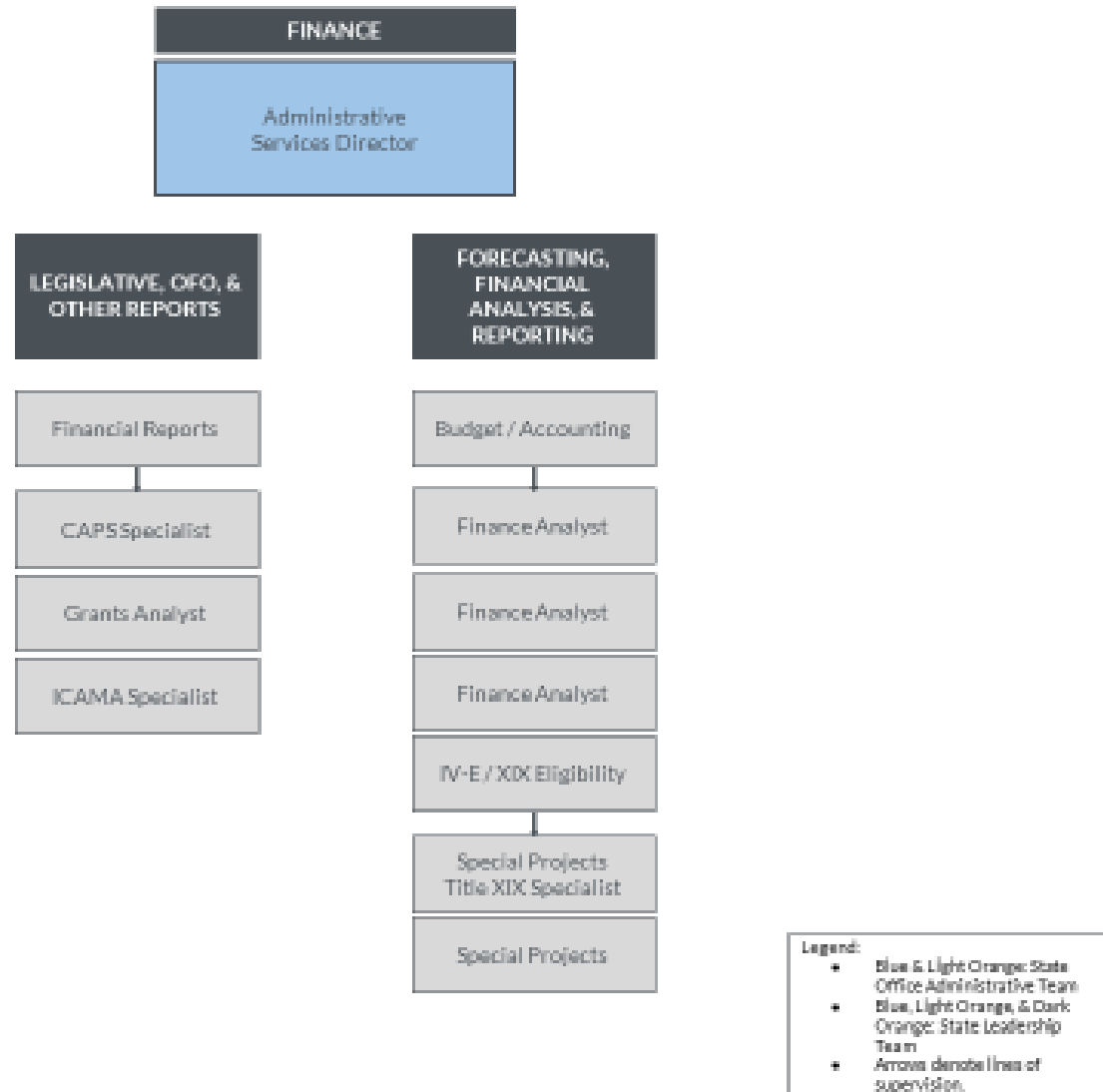
Division of Child and Family Services State Office Organizational Chart



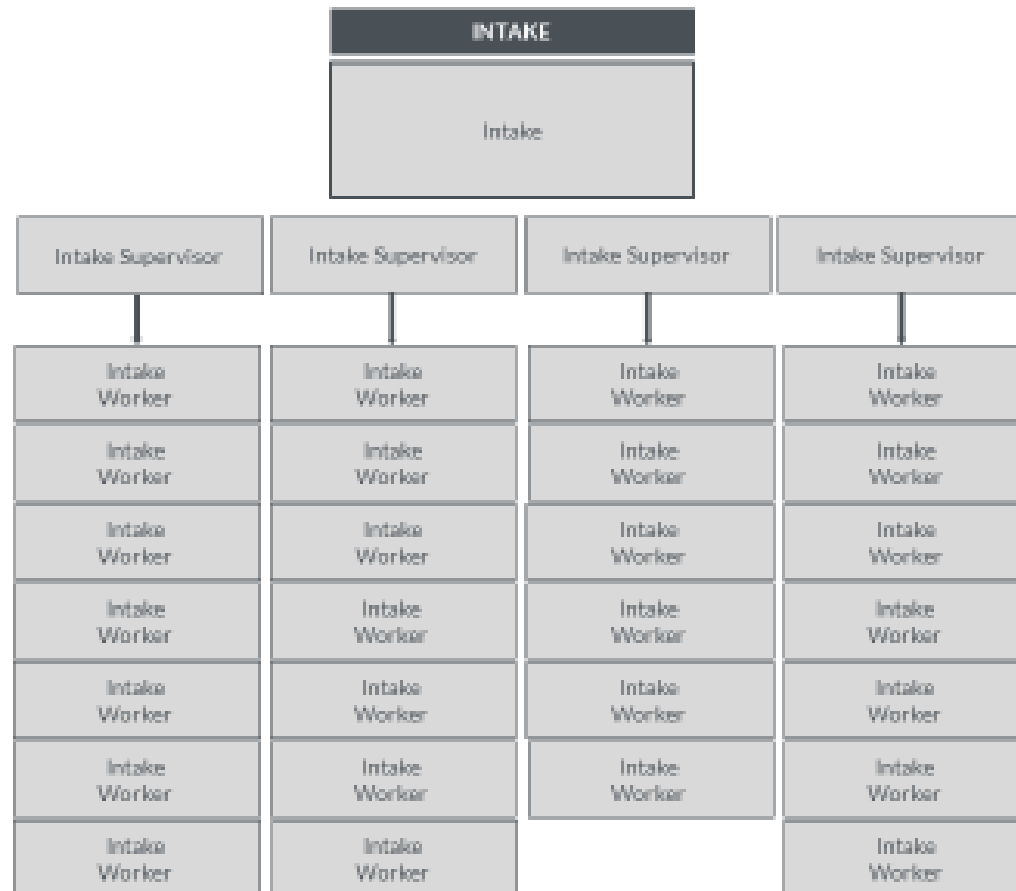
Division of Child and Family Services State Office Organizational Chart



Division of Child and Family Services State Office Organizational Chart

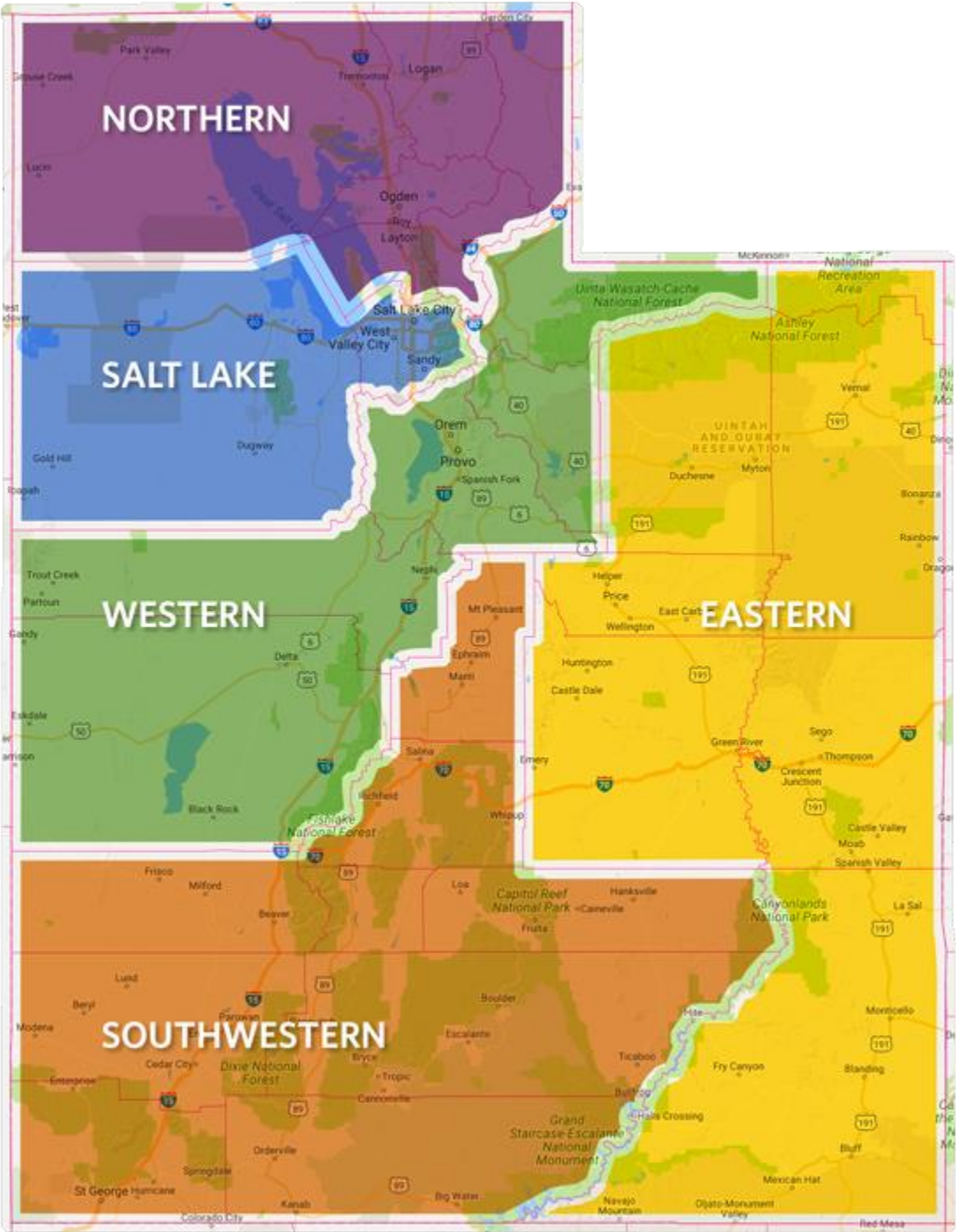


Division of Child and Family Services State Office Organizational Chart



- Legend:**
- Blue & Light Orange: State Office Administrative Team
  - Blue, Light Orange, & Dark Orange: State Leadership Team
  - Arrows denote lines of supervision.

**State of Utah Division of Child and Family Services Map of Regional Boundaries**



## I. COLLABORATION AND VISION

### *APSR Collaboration Update*

Meaningful collaborations have continued in the year since submission of the 2020-2024 CFSP in the same manner as previous years. There have been additional meaningful collaborations with stakeholders and community partners, as well as collaborations involving youth and family voice, and these are highlighted in the report below.

In response to federal regulations at 45 CFR 1357.16, Utah regularly engages the agencies, organizations, and individuals who are part of the ongoing CFSP-related consultation and coordination process. Collaboration partners and stakeholders include the state's legal and judicial community, including the Court Improvement Program and Children's Justice Act grantee, tribes, prevention partners, service providers, faith-based and community organizations, frontline workers, and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, the Temporary Assistance for Needy Families (TANF) and state and local education agencies.

Utah actively strives for meaningful collaboration with families, children, youth and other partners to identify and work toward shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and wellbeing of children in the child welfare system. Utah has used a variety of approaches and activities to continue its collaboration and consultation with stakeholders. Approaches include focus groups, surveys, planning forums, and other community-based strategies for linking the CFSP with the CFSR review process.

Utah's collaboration activities contributed to the development of the goals and objectives and 2020-2024 CFSP and have continued to inform program development and implementation designed to achieve our shared vision.

### **Vision, Mission, and Practice Model**

Accomplishing a shared vision will help to align valuable resources and create the conditions necessary to support prevention and better outcomes for children and families. Utah strives to create a shared vision across the broader child welfare system and desires its community partners see the organization and services as part of that vision. The agency's mission and practice model are essential foundational elements to overall system success and continuing improvement efforts.

#### *Vision*

The designated vision for DCFS is Safe Children, Strengthened Families. For the purpose of the CFSP, this vision has been enhanced to focus system improvement goals, and can be summarized

as “safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community.”

### *Mission Statement*

Keep children safe from abuse and neglect and provide domestic violence services by strengthening families and working with communities.

### *Practice Model*

#### Practice Model Principles

Practice Model Principles guide staff as they strive to achieve the agency’s vision and meet its mission. They are consistent with child and family services principles specified in federal regulations [45 CFR 1355.25(a) through 1355.25(h)].

**Principle One: Protection.** Children's safety is paramount; children and adults have a right to live free from abuse.

**Principle Two: Development.** Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

**Principle Three: Permanency.** All children need and are entitled to enduring relationships that provide a family stability, belonging, and a sense of self that connects children to their past, present, and future.

**Principle Four: Cultural Responsiveness.** Children and families are to be understood within the context of their own family rules, traditions, history, and culture.

**Principle Five: Partnership.** The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

**Principle Six: Organizational Competence.** Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help ensure positive outcomes for children and families.

**Principle Seven: Professional Competence.** Children and families need a relationship with an accepting, concerned, empathetic worker who can confront difficult issues and effectively assist them in their progress toward positive change.



### Practice Skills

Using Practice Model Principles as a guide, a set of key Practice Skills have been formulated and are designed to put our values into action. These basic skills are:

**Engaging.** The skill necessary to effectively establish a relationship with children, parents, and individuals who work together to help meet a child or family's needs or resolve child-welfare-related issues.

**Teaming.** The skill a worker uses to assemble, become a member of, or lead a group (or groups) that supply needed support, services, and resources to children or families, and that help resolve critical child and family welfare related issues. Child welfare is a community effort and requires a team.

**Assessing.** The skill that workers use to obtain information about salient events and underlying causes that trigger a child or family's need for child-welfare-related services. This discovery process helps children and families identify issues that affect the safety, permanency, or wellbeing of the child, helps children and families discover and promote strengths that they can use to resolve issues, determines the child's or family's capacity to complete tasks or achieve goals, and ascertains a family's willingness to seek and utilize resources that can support them as they try to resolve their issues.

**Planning.** The skill that workers use to identify and design incremental steps that help move children and families from where they are to a better level of functioning. During the planning cycle, a worker helps children and families:

- Make decisions about what programs, services, or resources they want to use to meet their needs.
- Evaluate the effectiveness of their decisions.
- Rework or revise their service delivery plan.
- Celebrate successes when they occur.
- Face consequences that result when their plan fails to achieve the desired results.

The planning process produces a unique service delivery plan tailored to the needs of the individual child or family.

**Intervening.** The skill used to intercede when a child or family's interactions, activities, or behaviors fail to decrease risk, provide safety, promote permanency, or assure the wellbeing of a child. This skill is utilized when helping families find housing, when helping a parent change negative patterns of thinking about his or her children, or when helping members of a family change their relationship with one another.

### Practice Standards

Following are general practice standards that cross program boundaries. Together with practice principles and skills, these standards help caseworkers understand their roles and responsibilities. Standards provide guidance to caseworkers who provide services that help ensure the safety, permanency, and wellbeing of each child and family they serve.

#### A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
  - (a) Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
  - (b) In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidence of abuse.
2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child's or family's needs.
  - (a) Services will be provided in the least restrictive, most normalized setting appropriate.
4. Meaningful child and family participation in decision-making is vitally important. To the level of their abilities, all children and family members shall have a voice in decisions made about their lives, even when specialized communication services are required.
  - (a) Children and families will be actively involved in identifying their strengths and needs and in matching services to identified needs.
5. In whatever placement is deemed appropriate, siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit one another.
6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.
7. When children are placed in an environment outside of their parents' home, they must be provided with developmentally appropriate educational and vocational opportunities with the goal of becoming self-sufficient adults.
8. Children receiving services shall receive adequate, timely medical and mental healthcare that is responsive to their needs.

#### B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.
2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.
3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, and services delivered. They should also meet to track the child or family's

progress. When there are domestic violence issues, separate Child and Family Team Meetings may be held.

C. Standards Relating to Assessments.

1. Strengths-based assessments should be produced that:
  - (a) Address the family's underlying needs and conditions.
  - (b) Engage the family in the identification or development of interventions that address threats of harm, the protective capacities of the family, and the child's vulnerability.

D. Standards Relating to Planning.

1. Children and/or their family members shall be involved in the planning process. The plan will be adapted and changed as the case evolves. The Child and Family Plan:
  - (a) Incorporates input from the family as well as the family's formal and informal supports.
  - (b) Identifies family strengths.
  - (c) Utilizes available assessments.
  - (d) Identifies services that address the family's needs and includes specific steps and services that help the family maintain the child's safety, permanency, and wellbeing.
  - (e) Anticipates transitions.
  - (f) Addresses safety for both child and adult victims.
  - (g) Identifies permanency and concurrent permanency goals.

## II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

ASPR updates are found throughout the section below.

### Child and Family Outcomes

*Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.*

CFSR Results		SFY 2018 Onsite Review	N	SFY 2019	N
Item 1	Timeliness of Initiating Investigations of Child Maltreatment Reports	80%	41	60%	35

At the time of the CFSR onsite review, Utah required a face-to-face contact within the allotted priority time frame with at least one child victim identified in the allegations of abuse or neglect. Utah's policy did not require the priority time frame be met for *all* reported child victims, as is required in the CFSR. Half of the area needing improvement answers were due to the difference in policy, and, without this difference, Utah would have met the target goal. In response, Utah changed the Division's policy to require that all child victims be seen within the priority time frame. Another change in policy prompted by the CFSR results was to apply priority time frames to all "additional information referrals" received during an open CPS investigation.

### Strategies

Based on the problem exploration conducted for the PIP development, Utah decided that the following technical changes are the only strategies necessary to address this indicator:

#### *PIP Strategies:*

- *Strengthen safety by ensuring all alleged victims of maltreatment are seen within the defined priority time frames (Technical Strategy).*
- *Strengthen safety for children by applying priority time frames to all "additional information referrals" received during an open CPS investigation.*

These policies were changed in April 2019, and the updates in CCWIS are expected to be completed within the coming year. Until the necessary changes are completed in CCWIS, performance monitoring is limited to the CFSR review.

DCFS has a number of measures in place to track compliance regarding the previous policy of seeing child victims within priority time frames and addressing lack of compliance. These measures include reviewing compliance with this requirement as part of the Case Process Review (CPR); pulling reports at the worker, supervisor, team, region, and state levels; addressing reasons for declines in performance; and using prompts and notices in the CCWIS

system to alert administrators when compliance is not met. Utah has remained near 90% of compliance with policy for many years and has successfully addressed declines when they occurred. These processes will be updated when CCWIS changes are completed.

CPR Results							
Question: Did the investigating worker see the child within the priority time frame?							
Type and Tool #	Sample Size	Standard	SFY Performance Rate				
CPSG.1	137	90%	2015	2016	2017	2018	2019
			90%	91%	89%	87%	91%

*Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.*

CFSR Onsite Review Results		SFY 2018	N	SFY 2019	N
Item 2	Services to protect child(ren) in the home and prevent removal or re-entry into foster care	55%	20	61%	33
Item 3	Risk and Safety Assessment and Management	62%	65	54%	63

The main issue identified when analyzing the CFSR results was insufficient quality visits to assess child safety in the child's home at critical junctures, in particular, prior to and during Trial Home Placements (THP). DCFS does not have a policy specifying requirements for visits and assessments prior to or during THP. Additionally, DCFS does not have tools available for staff to know the right frequency of visits and how to assess safety around this situation. It was decided that enhancing the skills of caseworkers to conduct comprehensive safety assessments of children living in their home or scheduled to return to their home was necessary, with focus on assessing safety at critical junctures. The following adaptive PIP strategy was identified:

*PIP Strategy: Develop and implement practice guidelines, SOP, and/or tools for quality visits and safety assessments of homes where the children are living or returning to (Adaptive Strategy).*

### Past and Current Activities

The implementation of the HomeWorks project, the Division's IV-E child welfare waiver demonstration project, strengthened the ability of the agency to provide more intensive, directed services to families in order to safely keep children in their homes. The project provided caseworkers with skills and tools, including various assessment tools they can utilize as they help children who have experienced abuse or neglect remain safely in their homes with their parents or guardians or more quickly return home from a foster care episode. The Strengthening Families Protective factors framework gives structure to visits caseworkers have with families. HomeWorks has been implemented statewide since January 2016. Division efforts to safely maintain children at home whenever possible is a continued focus and is also a part of the Division's efforts on prevention services within the Family First Prevention Services Act.

### Re-entry Data for Utah

The table below shows the percent of children who entered foster care and were discharged from care within 12 months to reunification, living with a relative, or guardianship (including guardianship or custody to a foster parent or other non-relative) who re-entered foster care within 12 months. This Data Profile table from February 2020 shows Utah's re-entry rate at 8.7%, which is within the performance standard of 8.1%.

Re-entry to Foster Care within 12 months								
	National Performance		14B15A	15A15B	15B16A	16A16B	16B17A	17A17B
Re-entry to Foster Care	8.1%▼	RSP	8.1%	7.8%	8.5%	6.2%	6.9%	8.7%
		RSP Interval	6.3%-10.3% <sup>2</sup>	6.0%-10.1% <sup>2</sup>	6.6%-10.9% <sup>2</sup>	4.7%-8.3% <sup>2</sup>	5.2%-9.1% <sup>2</sup>	6.8%-11.2% <sup>2</sup>
		Data Used	14B-17A	15A-17B	15B-18A	16A-18B	16B-19A	17A-19B

### Maltreatment in Foster Care Data

The February 2020 Data Profile table shows Utah's most recent performance rate for foster care children found to be victims of maltreatment while in foster care at 11.3 (with an RSP adjustment at 15.15). This rate is higher than the National Performance Standard of 9.67 but is trending in the right direction. There were 112 children victims of maltreatment while in foster care that year. In 2018 and again more recently, errors were found in the recording of incident dates that significantly contributed to the higher rates. Corrections were made, but the corrections are not yet reflected in the Data Profile displaying the 2017 data. Due to the entry errors, DCFS is confident that the performance is much better than shown in the below table. A recommendation to improve the recording of the incident date is in process.

Maltreatment in Care					
	National Performance		15AB, SFY15	16AB, SFY16	17AB, SFY17
Maltreatment in Care (victimizations/100,000 days in care)	9.67▼	RSP	16.88	16.58	15.15
		RSP Interval	14.12-20.19 <sup>3</sup>	13.83-19.89 <sup>3</sup>	12.6-18.2 <sup>3</sup>
		Data Used	15A-15B, SFY 15-16	16A-16B, SFY 16-17	17A-17B, SFY 17-18

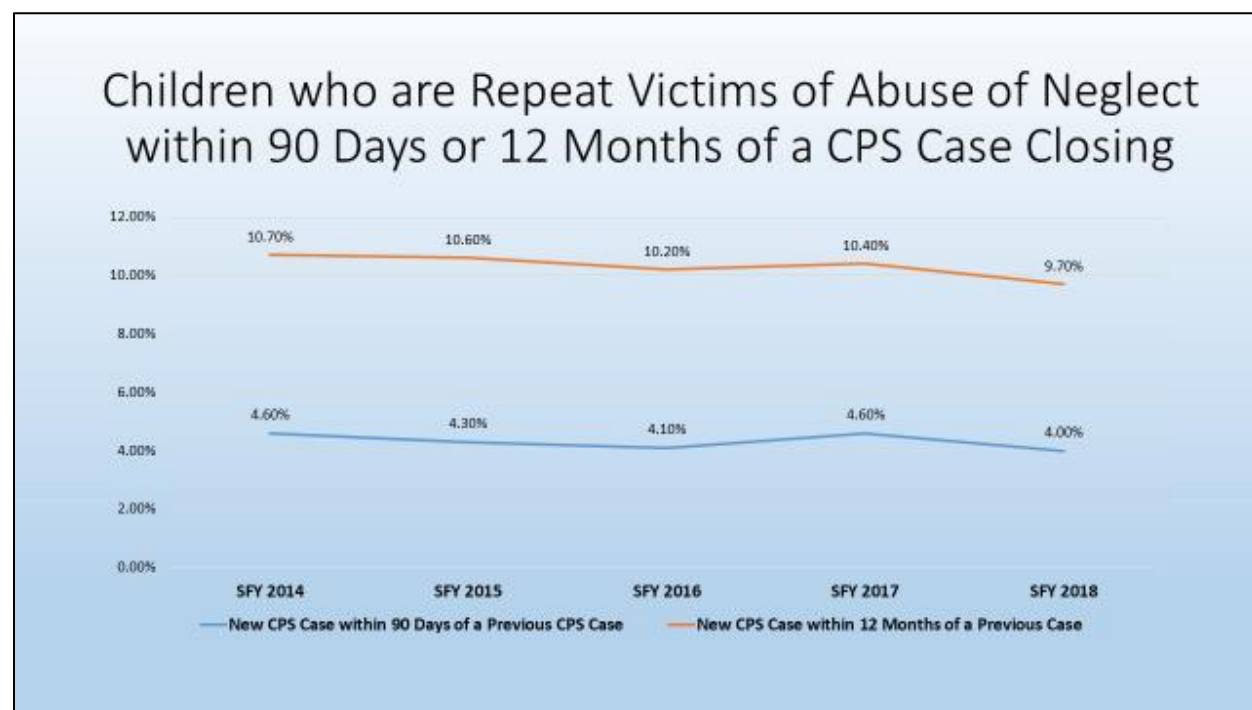
## Recurrence of Maltreatment

The Data Profile table from February 2020 shows Utah's performance rate for the recurrence of child maltreatment to be 10.4%, slightly above the national standard of 9.5%; however, with the RSP adjustment, the rate increases to 13.7%.

Recurrence of Maltreatment							
		15 AB SFY 2015	16AB SFY 2016	17 AB SFY 2017	SFY 2015-2016	SFY 2016-2017	SFY 2017-2018
Recurrence of Maltreatment	Denominator				9,698	9,604	9,881
	Numerator				983	987	1,026
	Observed Performance				10.1%	10.3%	10.4%

Recurrence of Maltreatment with Risk Standardized Performance (RSP) Adjustment								
			15 AB SFY 2015	16AB SFY 2016	17 AB SFY 2017	SFY 2015-2016	SFY 2016-2017	SFY 2017-2018
Recurrence of Maltreatment	9.5%▼	RSP				13.3%	13.5%	13.7%
		RSP Interval				12.5%-14.1%		
		Data Used				SFY 2015-2016	SFY 2016-2017	SFY 2017-2018

The table below shows the number and percent of children for the last five years who were supported victims in a subsequent CPS case within 3 and 12 months of the initial CPS case. The rate of 9.7% for the last fiscal year is near the federal standard of 9.5% and is trending in the right direction.



## Permanency Outcomes

*Permanency Outcome 1: Children have permanency and stability in their living situations.*

CFSR Results		SFY 2018 Onsite Review	N	SFY 2019	N
Item 4	Stability of Foster Care Placement	48%	40	58%	33
Item 5	Permanency Goal for Child	77%	39	67%	33
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	58%	40	45%	33

The Division has historically focused on children having permanency and stability in their living situations. The CFSR result was the catalyst to renew efforts to analyze root causes of this problem. Issues of permanency were thought to be offset by the frequency of court hearings occurring and the level of performance in achieving adoptions under 24 months. In addition, Utah was meeting the standard for each of the three national data indicators on attaining permanency (see below), which further cemented the belief that Utah was doing well in this area. However, it was learned that there were some inconsistent practices in Utah's juvenile courtrooms during these hearings that contributed to delays, inappropriate goals, and a lack of engaging parents and other parties.

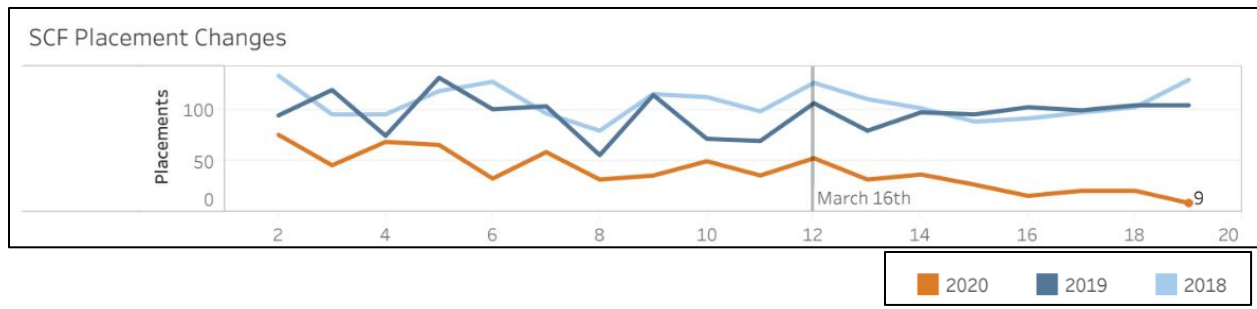
### Strategies

Placement Stability: A primary root cause identified when reviewing the CFSR results and additional data pulled for the PIP problem exploration for placement instability was that out-of-home caregivers lack the necessary support to maintain placements. This concern was reiterated in stakeholder interviews with current and former foster and kin parents. Another finding of the analysis showed that DCFS needed to increase inclusion of children and their families in the ongoing assessment of placements and make sure they have a voice in placement decisions, with kinship placements being the priority. After extensive exploration of root causes, the following adaptive strategy was developed.

*PIP Strategy: The agency develops a structure for caseworkers to assess and meet the needs of OOH caregivers and children in their homes on an ongoing basis and for supervisors to monitor and support caseworkers in these efforts.*

Although the work on this strategy has not begun, this year's data indicates an improvement in placement stability, when compared to the previous two years. It also appears that the COVID-19 pandemic may have temporarily slowed the number of moves.





Efforts to Achieve Permanency Goal: When analyzing the CFSR results on items 5 and 6 and additional data collected to further explore the causes of low results, the following problems were found:

- Across the state, permanency goals are not reviewed at every court hearing.
- A meaningful conversation about the reasons for the concurrent permanency goal does not happen at every court hearing.

The Court Improvement Project (CIP) was tasked with identifying strategies to improve Utah's permanency outcomes. Following an extensive problem exploration process, the following PIP goal was developed:

The quality of juvenile court hearings in foster care cases is such that participants feel engaged and respected, appropriate permanency goals are established in a timely manner and are reviewed regularly, and hearings contribute to the timely achievement of permanency for Utah children in foster care.

The following PIP strategy was developed:

*PIP Strategy: Develop and Implement Quality Hearing Bench Card (for judges) and Guide for Utah's juvenile courts (for all parties attending court hearings and their attorneys) (Adaptive Strategy).*

The CIP is in the process of developing the bench card and the accompanying guide and has selected two pilot sites. Training is scheduled to take place this summer, and the pilot study is expected to start in August 2020, unless the COVID-19 pandemic forces a delay in the start.

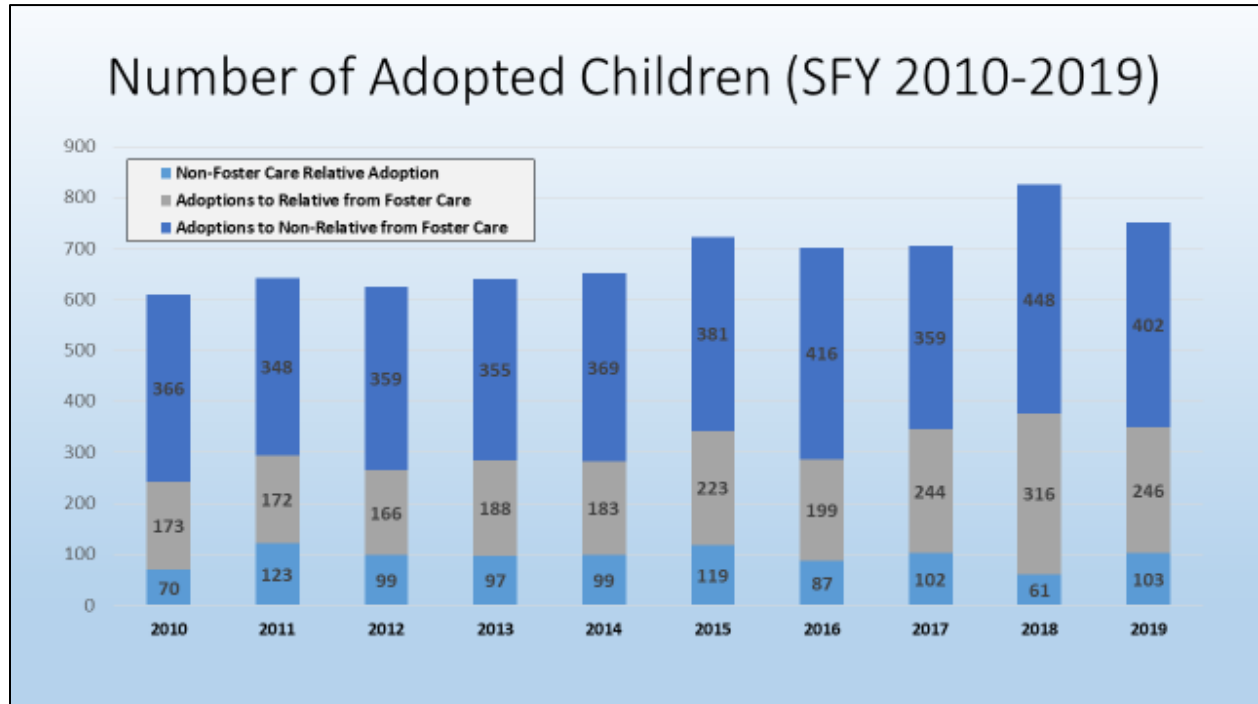
### Permanency Data from 12, 12-23, and 24+ Months

Utah continues to meet the three national measures for Permanency, as seen in the table below, which displays the February 2020 data profile. Timeliness in achieving permanency for children within 12 months, 12-23 months, and 24+ months is at the standard or higher. Furthermore, Utah is at 69% on the measure of achieving permanency in 12-23 months, whereas the national standard is 46%.

February 2020 Permanency Data Profile												
National Performance			14B15A	15A15B	15B16A	16A16B	16B17B	17A17B	17B18A	18A18B	18B19A	16A16B
Permanency in 12 Months (Entries)	42.7%▲	RSP	51.4%	49.8%	46.0%	47.3%	45.3%	<b>45.6%</b>				
		RSP Interval	42.9%-53.5% <sup>1</sup>	47.6%-52.0% <sup>1</sup>	43.9%-48.1% <sup>1</sup>	45.2%-49.4% <sup>1</sup>	43.2%-47.5% <sup>1</sup>	43.5%-47.8% <sup>1</sup>				
		Data Used	14B-17A	15A-17B	15B-18A	16A-18B	16B-19A	17A-19B				
Permanency in 12 Months (12-23 Months)	45.9%▲	RSP					60.1%	60.6%	61.7%	66.6%	64.8%	<b>69.3%</b>
		RSP Interval					55.5%-64.7% <sup>1</sup>	56.2%-64.8% <sup>1</sup>				65.5%-72.8% <sup>1</sup>
		Data Used					16B-17A	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B
Permanency in 12 Months (24+ Months)	31.8%▲	RSP					35.0%	32.1%	32.9%	36.6%	40.5%	<b>35.2%</b>
		RSP Interval					29.6%-40.9% <sup>2</sup>	27.3%-37.5% <sup>2</sup>	27.9%-38.4% <sup>2</sup>	31.6%-42.0% <sup>1</sup>	35.6%-45.6% <sup>1</sup>	30.6%-40.2% <sup>2</sup>
		Data Used					16B-17A	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B

## Adoption Data

Utah continues to excel in time to adoption. In SFY 2019, the median amount of time prior to a child's adoption was 17 months. There were 648 adoptions from foster care, with 38% involving adoptions to a relative. Additionally, there were 103 relative adoptions through in-home cases.



The agency will continue efforts to achieve permanency and reduce the time children are in out-of-home care. Some of these efforts include the following:

- Wendy's Wonderful Kids (WWK): The Dave Thomas Foundation for Adoption developed this evidenced-based program to recruit permanent families for children in foster care who need additional efforts to find a permanent family. Since 2010, they have funded half of the WWK recruiters and DCFS has matched funding to provide for the other half. Funding for nine recruiters was approved for July 2019, doubling the previous number of staff. The current nine WWK recruiters work closely with DCFS staff throughout the state to provide intensive, child-specific recruitment for children who linger in foster care. The below table lists the number of children WWKs served during SFY 2019 and since inception.

Wendy's Wonderful Kids	SFY 2019	Since Inception
Children served	190	370
Children matched	53	354
Children adopted	15	120

- The Transition to Adult Living (TAL) module to the Utah Family and Children Engagement Tool (UFACET): As a result of Utah's participation in the NYTD Onsite Review in 2016, assessment of a youth's skills and provision of services were identified as issues. Utah developed a new module to the UFACET assessment to address this. The TAL UFACET follows the CANS scoring and philosophy, and is evidence based at the item level. It also incorporates the Center for the Study of Social Policy (CSSP) Youth Thrive Promotive and Protective Factors framework. The TAL UFACET was field tested with a small group of caseworkers, located in offices throughout the state. The results of the field test were evaluated and the tool was updated. Due to competing demands for SAFE, statewide implementation has been delayed.
- Trust Based Relational Interventions (TBRI): This is an eight-hour parent training required for all persons who want to adopt a child from foster care. The training is required prior to adoption, but attendance is recommended when the child is first placed in a home. The intent of the training is to better prepare families to parent children who have experienced trauma and/or may have fetal drug or alcohol exposure. The classes are taught by TBRI certified practitioners, experienced DCFS staff who provide support to potential adoptive families and who are a resource for adoptive families after the adoption is finalized. In addition, parent-to-parent support between families attending the training is fostered as a result of the training. In addition there can be in-home services via TBRI home based model. If a family is unable to attend TBRI training in person, Pathways to Adoption training is available by video.
- Case Reviews: DCFS regional committees regularly review cases for children who have been in out-of-home care for a specified number of months. Additionally, the courts conduct court reviews every three to six months.

For additional information, please see Attachment D. Foster and Adoptive Parent Diligent Recruitment Plan. Also, to see additional agency efforts to support Transition to Adulthood services, please see APSR Section VI. I. John H. Chafee Foster Care Program for Successful Transition to Adulthood.

*Permanency Outcome 2: Continuity of Family Relationships and Connections is Preserved for Children*

CFSR Results		SFY 2018 Onsite Review Results	N	SFY 2019 Results	N
Item 7	Placement with Siblings	100%	26	94%	18
Item 8	Visiting With Parents and Siblings in Foster Care	80%	30	69%	29
Item 9	Preserving Connections	82%	39	81%	31
Item 10	Relative Placement	72%	39	68%	28
Item 11	Relationship of Child in Care With Parents	76%	29	66%	29

## Current and Planned Activities

During the onsite CFSR review, Permanency Outcome 2 was substantially achieved in 80% of reviewed cases. These indicators have continued to perform well but have experienced some decline. Utah closely monitors and analyzes the outcomes for these indicators. In studying the reasons for low scores on this outcome, it appears that unusual or complex circumstances were the cause in most of the cases that didn't receive a strength rating and the worker did not seem to go beyond doing basic casework. Utah asserts that the right policies and practice model guidelines are in place; however, the guidance and confidence for creative solutions may be lacking with some caseworkers. To better mentor, coach, and support caseworkers, Utah will address this outcome through the Operational Excellence cross-cutting strategy (see Wellbeing 1).

Placement with Siblings: Practice guidelines require caseworkers to place siblings together, unless there is a safety concern. While keeping siblings together is a top priority, due to large sibling groups common in Utah, attaining this priority can be challenging. In recent years, new legislation was enacted to support placing sibling groups together in foster care. Provisions include:

1. Allowing foster care licensing variances to accommodate large sibling groups, even if there is already an unrelated child in the home.
2. The placement of biological siblings together when one or more of the siblings have been adopted by the family being considered for placement. This family is considered a kinship home and a preliminary placement can be made.

The CFSR onsite results on placement with siblings and the performance since indicates that the Division's efforts are working and no additional strategies are necessary. DCFS will continue to monitor placements with siblings. The following table presents the percent of children in foster care who are placed with one or more siblings, if they have siblings in care.

Quarterly Foster Care Placement with Sibling Data							
SFY 2018 Q4	SFY 2019 Q1	SFY 2019 Q2	SFY 2019 Q3	SFY 2019 Q4	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3
80.3%	80.5%	80.2%	80.8%	82.6%	82.5%	83.5%	82.7%

Visiting With Parents and Siblings in Foster Care: DCFS Practice Guidelines state that unless contact is documented to be clinically contraindicated, purposeful and frequent visitation with parents and siblings is a child's right, not a privilege. Visitation with parents and siblings is not something to be earned or denied based on the behavior of the child or parent. The Division has several different measures in place to monitor the processes associated with visitation through the performance of both the Visitation Plan (in the CPR) and Family Connection (in the QCR). With the addition of the OSRI scoring (in DCFS' internal CFSR) DCFS can track performance on the frequency and quality of visits and more directly target the areas needing improvement. The

creation of a new visitation module in the UFACET will allow DCFS to more closely track the quality of parent-child interactions during visits, the parents' demonstration of parenting skills, and their attendance at visits.

### QCR Family Connections Results

The QCR Family Connections indicator measures if the child's family relationships and connections are being maintained through appropriate visits and other connecting strategies while the child is in foster care. The indicator is broken down into connection with mother, father, siblings and other. The Overall Family Connection score has remained between 82% and 92% over the last five years, with mothers usually scoring better than fathers.

QCR Family Connections Results					
	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Overall Connections	83%	91%	82%	82%	92%
Siblings	85%	91%	73%	68%	83%
Mother	69%	92%	76%	88%	90%
Father	74%	80%	60%	70%	70%
Other	81%	73%	75%	83%	60%

CPR Performance for Visitation with Mother, Father, and Sibling								
Type and Tool #	Sample	Standard	Relationship to Child	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IV.5.a	79	85%	Mother	94%	98%	93%	84%	95%
IV.5.b	63		Father	92%	92%	69%	80%	83%
IV.6	32		Siblings	89%	72%	88%	87%	91%

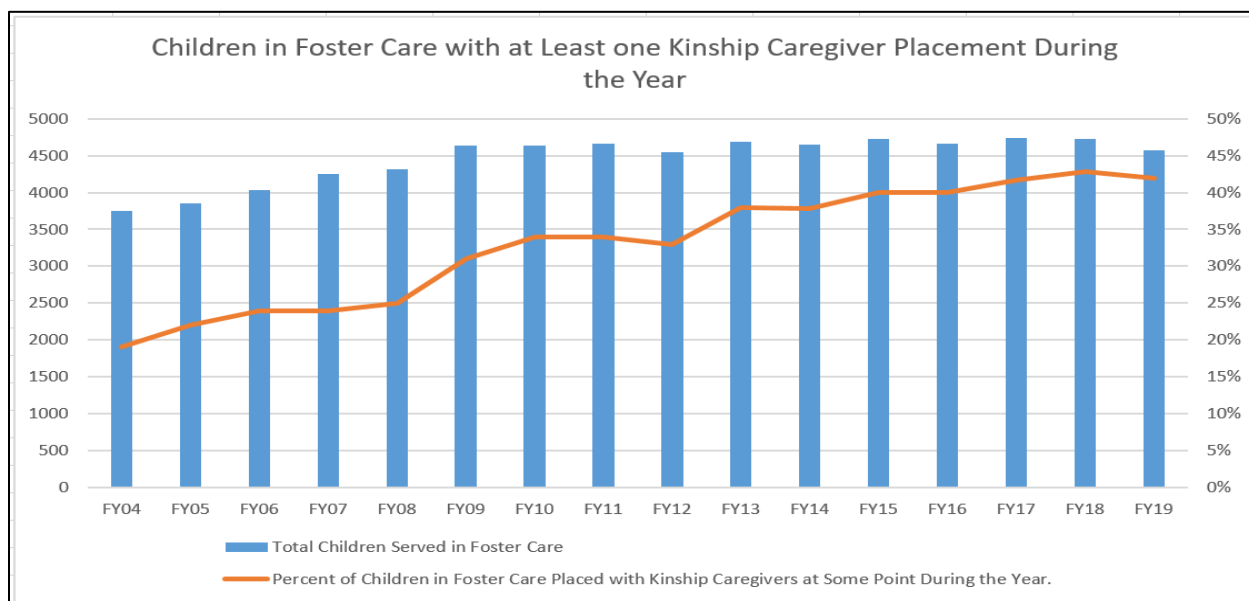
Preserving Connections: Utah has several policies and provisions in place to help preserve connections for children placed in foster care, when possible and desirable, including connections to extended family, community, school, medical provider, religious organization, tribe, and friends. One role of the Child and Family Team is to discuss the child's connections and determine how to best support those connections. Utah is seeking to establish Intergovernmental Agreements with all of the federally recognized tribes with reservations in Utah. The DCFS ICWA Program Administrator supports the connection of children in foster care to their tribe through her ongoing and active efforts to support and train DCFS staff, instruct Attorney General's office staff on notification requirements, and establish strong relationships with all Utah tribes.

For additional information, please see: APSR Section VII. Consultation and Coordination between States and Tribes.

Relative Placement: Identifying and locating kin families with whom children may be placed is a high priority in Utah. DCFS has a number of provisions that support children who cannot remain in their home of origin being placed with kin or with family friends that the child knows and is comfortable with. A search for relatives is required within 30 days of the date a child enters custody and periodically throughout the life of the case. Each of Utah's five regions has a designated kin locator, a Resource Family Consultant, and a Kinship Team that provides formal and informal supports to kinship caregivers. DCFS has trained and licensed 25 employees who are using an internet-based search engine to locate relatives, enabling caseworkers to determine the relative's interest in caring for the child while in foster care. At the state level, a Kinship Program Administrator coordinates these services.

For more information on the Division's efforts to strengthen kinship location, notification, involvement, and placement, please see APSR Section Service Descriptions, subsections Kinship Care, Kinship Navigator Funding, and Grandfamilies Program discussion.

The following graph displays the improved performance of DCFS' efforts to place children with their relatives.



Relationship of Child in Care with Parents: Utah's DCFS Practice Guidelines instruct staff to notify parents of medical appointments, school meetings, and other activities in the child's life and to encourage parents to attend activities in which their children participate. In addition, the Division is expected to assist parents with transportation to support their attendance at these events. Planning related to these events often takes place during Child and Family Team Meetings. These efforts are monitored in the QCR, through the Family Connection indicator, and in the CFSR.

## Wellbeing Outcomes

*Wellbeing Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs*

CFSR Results		2018 Onsite Review Results	N	SFY 2019 Results	N
Item 12	Needs and Services of Children, Parents, and Foster Parents	46%	65	27%	63
Item 12 A	<i>Needs assessment and services to children</i>	82%	65	87%	63
Item 12 B	<i>Needs assessment and services to parents</i>	56%	57	38%	61
Item 12 C	<i>Needs assessment and services foster parents</i>	62%	39	59%	32
Item 13	Child and Family Involvement in Case Planning	81%	62	61%	62
Item 14	Caseworker Visits With Child	80%	65	78%	63
Item 15	Caseworker Visits With Parents	66%	56	46%	61

### Current and Planned Activities

Assessing the needs of children and foster parents (sub-items 12A and 12C) are being addressed through the strategies developed under placement stability, as the lack of assessment and services to support foster children and foster parents have been identified as a root cause for placement disruptions (see Permanency 1 strategies). Consequently, the Division focused their PIP efforts on better understanding the root causes for sub-item 12B, Needs Assessment and Services to Parents.

For the PIP problems exploration process, Utah thoroughly reviewed the CFSR results on Wellbeing 1. In particular, the causes for insufficient parent engagement, assessment of parent needs, provision of services, and QCR findings on Assessment and Intervention Adequacy were reviewed. Additionally, Utah conducted focus groups with caseworkers and stakeholders. Results from these groups were also reviewed.

Utah identified the main barrier as a lack of time front-line staff spent with parents assessing parent needs and monitoring parent services. Staff identified a need for more clinical and non-clinical support to better understand the family's needs and address the barriers to effective service provision. Requirements for parent engagement and involvement is already part of DCFS policies and practice through individual visits and the family teaming process. Caseworkers receive training on this topic at the beginning of their employment with DCFS. Staff understand the importance of engagement and assessing families, but the capacity for staff to do this well has been identified as a problem. DCFS recognized finding solutions to create capacity, improve productivity, and add supports for caseworkers to better engage parents as what is needed to overcome the barrier.



Utah has chosen to address the assessment and provision of services, Item 12, as well as other Wellbeing 1 items, by using an Operational Excellence initiative, which is a cross-cutting strategy in Utah's PIP. The goal of this initiative is that DCFS will have the expertise and capacity to support caseworkers and serve families to achieve child safety and improve family outcomes

It is anticipated that outcomes from the Operational Excellence initiatives will improve workflow processes and the management of critical tasks, such as family assessment and engagement. Critical tasks to monitor and address safety concerns and stabilize families will be front loaded and, as such, are expected to prevent unnecessary removals. DCFS will create a structure to support supervisors in quality supervision. Operational Excellence is primarily aimed at strengthening the ability of supervisors to effectively move casework forward to achieve the goals identified by the family served. Reduced recidivism, increased safety, shortened case length, and increased kinship involvement and kinship placements are additional anticipated long-term outcomes.

This process incorporates input from frontline staff and community partners and support from Utah's Governor's Office of Management and Budget. The Division will also collaborate with its sister agencies under the Department of Human Services and the Department of Health who are engaging in similar system improvements.

#### PIP Strategies:

- *Standardize daily operations and improve work flow throughout the system, with a focus on critical decisions and activities.*
- *Implement changes to streamline the system, improving the experience of families engaged in services and increasing responsiveness to families through ease of access to the right services at the right time.*
- *Implement system changes to improve efficiencies and support for families and caseworkers.*

Work is underway to implement Strategy #1 and has begun on Strategies 2 and 3. All CPS and permanency teams throughout the state hold daily operations meetings each morning to plan for that day's work tasks, with critical tasks being tracked and recorded. CQI activities are monitoring the effectiveness of this strategy and perceived impact on frontline staff.

Needs and Services of Child, Parents, and Foster Parents: In conjunction with the HomeWorks IV-E child welfare demonstration project, the UFACET, a modified CANS assessment, was developed and implemented to assess the strengths and needs of all families with an open in-home case. The UFACET was subsequently modified for use in assessing the strengths and needs of children, families, and caregivers involved in foster care cases and to included updated sections on visitation between parents and children, progress in residential treatment and placement levels. The UFACET is a vital assessment that is pertinent to both in-home and foster care cases and is applicable during the entire service episode for a family involved with the child welfare system.

### QCR Performance on Assessment and Intervention Adequacy

The QCR indicators for Assessment and Intervention Adequacy, indicated in the tables below, measure performance comparable to Item 12 and are broken out for child, mother, father, and other. The Overall Assessment performance has remained near 80% for the last few years. The Intervention Adequacy score is the result of reviewers assessing the degree to which the planned interventions, services, and supports being provided to the child and family are of sufficient power and have the necessary effect to achieve safety and permanency. An unacceptable score in Intervention Adequacy is typically the result of lack of, delay of, or insufficient intensity of a service/support. It can also be the result of not producing the desired change.

QCR Assessment Results					
	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Overall Assessments	80%	79%	81%	79%	82%
Child	90%	87%	86%	89%	86%
Mother	73%	70%	68%	68%	76%
Father	68%	68%	52%	61%	68%
Caregiver	95%	94%	92%	96%	90%

QCR Intervention Adequacy Results					
	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Overall Intervention Adequacy	85%	83%	75%	84%	82%
Child	90%	90%	80%	89%	83%
Mother	73%	75%	74%	73%	74%
Father	68%	78%	76%	65%	64%
Caregiver	89%	93%	88%	97%	92%
Other	68%	69%	62%	67%	50%

Child and Family Involvement in Case Planning: Child and family involvement is primarily measured in the CPR. Below are the results for in-home services and foster care cases for the last five years.

CPR Performance on Plan Involvement of the Family—In-Home Services								
<b>Question:</b> Were the following team members involved in the development of the current child and family plan?								
Type and Tool #	Sample	Standard	Team Member	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IH.3	106	85%	Mother	97%	92%	95%	92%	92%
	89		Father	84%	73%	80%	79%	78%
	23		Other Caregiver*	98%	72%	86%	81%	87%
	65		Child/Youth**	85%	73%	72%	75%	71%
			Combined	91%	80%	84%	83%	82%
NOTE: *Other Caregiver: guardian, stepparents, and kin.                      ** Child/Youth: generally ages 5 and over								

CPR Performance on Plan Involvement of the Family—Foster Care Services								
Question: Were the following team members involved in the development of the current child and family plan?								
Type and Tool #	Sample	Standard	Team Member	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IH.3	80	85%	Mother	89%	93%	91%	87%	86%
	61		Father	78%	83%	72%	79%	70%
	123		Other Caregiver*	98%	92%	93%	95%	93%
	82		Child/Youth**	97%	92%	89%	96%	85%
			Combined	92%	91%	88%	90%	86%
NOTE: *Other Caregiver: guardian, stepparents, and kin.                      ** Child/Youth: generally ages 5 and over								

Over the last five years, the overall performance on plan involvement has been between 80% and 91% in in-home cases and 86% and 92% in foster care cases. DCFS attributes this positive result to strong family teaming practices. DCFS continues to monitor trends and address low scores. Involving fathers, in particular in foster care cases, is an ongoing effort.

Caseworker Visits With Child: This item has been measured in the CPR for over 20 years. For the last five years, the score for monthly caseworker visits with children in foster care has ranged from 89% to 94%. For in-home cases, the score has ranged from 85% to 92%. SFY 2019 results were the highest in in-home cases and second-highest in foster care cases.

CPR Performance on Monthly Caseworker Contact with the Child—In-Home Services					
<b>Question:</b> Did the worker have a face-to-face contact with the child at least once during each month of this review period?					
Six Month Performance Rate					
Type and Tool #	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IH.4	90%	85%	88%	92%	92%

CPR Performance on Monthly Caseworker Contact with the Child—Foster Care Services					
<b>Question:</b> Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once?					
Six Month Performance Rate					
Type and Tool # Standard	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IB.2	94%	89%	91%	90%	93%

The Division's performance on frequency of face-to-face contact with the child is a high priority. Prompts in SAFE remind caseworkers of this requirement. If a visit is missed, the caseworker's supervisor receives a notice. While the CPR results continue to meet the Utah CPR standard of 85% and have improved from the previous year, Utah will continue to emphasize the importance of caseworkers seeing each child at least monthly.

Caseworker Visits With Parents: The CPR measures how frequently caseworkers visited with mothers and fathers with an in-home or foster care case through face-to-face, phone, or correspondence, particularly when mothers and/or fathers were out of the county, during a six month period. The measure is based on documentation in SAFE and does not measure the quality of the contact. The tables below display in-home services and foster care services data from the last five years.

CPR Performance on Monthly Caseworker Contact with the Mother/Father—In-Home Services							
<b>Question:</b> Did the worker make a face-to-face contact with the mother/father of the child at least once during each month?							
Performance Rate for six months							
Type and Tool #	Standard	Relationship to Child	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IH.8	85%	Mother	92%	91%	91%	97%	93%
IH.9		Father	76%	76%	78%	84%	81%

CPR Performance on Monthly Caseworker Contact with the Mother/Father—Foster Care Services							
<b>Question:</b> Did the worker make a face-to-face contact with the mother/father of the child at least once during each month?							
Performance Rate for six months							
Type and Tool #	Standard	Relationship to Child	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
IB.4	85%	Mother	75%	79%	73%	75%	81%
IB.5		Father	69%	67%	63%	66%	64%

While the performance for monthly caseworker contacts with mothers and fathers has improved, it has been higher for mothers than fathers. It reached 81% in in-home cases last year, but remains in the 60% range in foster-care cases.

### QCR Performance on Engaging Children, Mothers, Fathers, and Others

The quality of engaging mothers, fathers, and children is measured in the QCR. Results of the last five years are presented in the table below. Overall, engagement has remained in the mid to upper 80s and reached 92% last year. Scores for engaging youth are higher than scores for engaging parents, and scores for engaging mothers are higher than scores for engaging fathers. Scores include ongoing efforts to locate parents whose whereabouts are unknown.

Engagement Results					
	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Engagement	88%	86%	84%	92%	92%
Child	97%	95%	95%	96%	94%
Mother	81%	80%	71%	76%	85%
Father	65%	67%	63%	70%	69%
Other	76%	71%	52%	90%	44%

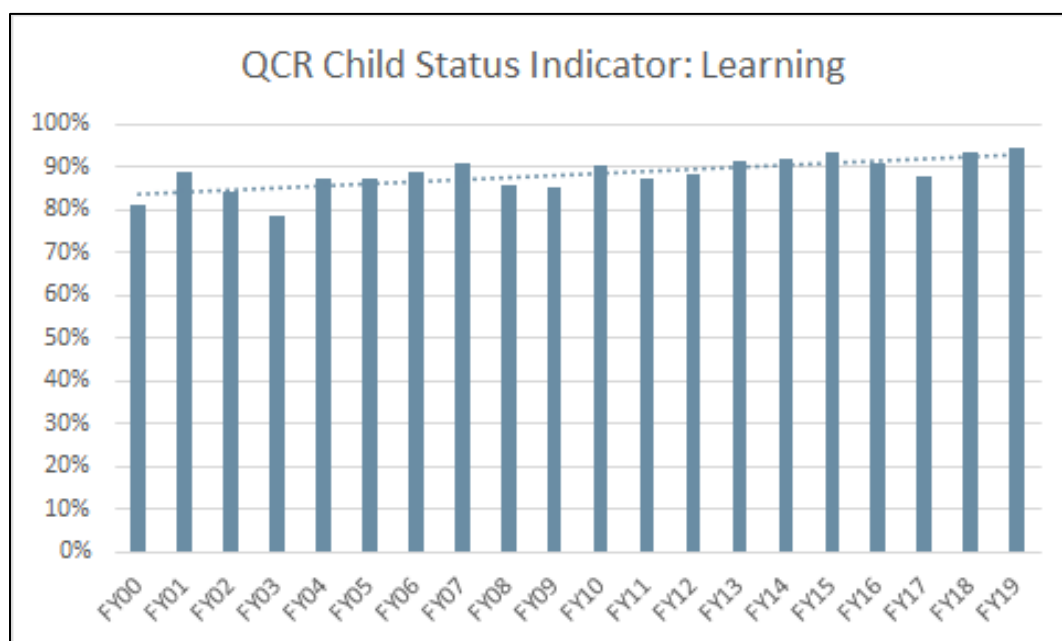
*Well-Being Outcome 2: Children receive appropriate services to meet their educational needs*

CFSR Results		2018 Onsite Review Results	N	SFY 2019 Results	N
Item 16	Educational Needs of the Child	82%	34	82%	38

### Current and Planned Activities

Item 16 - *Educational Needs of the Child* evaluates whether the agency made concerted efforts to assess children’s educational needs and whether identified needs were appropriately addressed in case planning and management activities. In the onsite review, this item was an area needing improvement, with 82% of the cases being rated as a strength. As in Permanency Outcome 2, Utah is addressing this outcome through the Operational Excellence cross-cutting strategy to mentor/coach/ support caseworkers with better practice oriented supervision.

The QCR measures child education outcomes. Status Indicator 6a Learning asks, “*Is the child learning, progressing, and gaining essential functional capabilities commensurate with his/her age and ability?*” The score is based on an assessment of the developmental progress of children five years of age or younger, and an assessment of educational progress of children who are five years of age or older (i.e. acceptable progress in key academic and functional areas, performance at or close to grade level, progress towards graduation or an alternate curriculum if disabled). QCR scores for the past five years have remained relatively constant, ranging from a low of 88% in SFY 2017 to a high of 94% last year.



In recent years, a number of system improvements have been implemented to strengthen the educational outcomes of children in foster care. These include statewide mandatory online education trainings for frontline staff, designations of regional education specialists to create relationships with the school districts in their region, an MOU that allows DCFS and the Utah State Office of Education to collect and share relevant student information, and the requirement of a *Juvenile Court Education Court Report* to be submitted at every court hearing to inform judges about the child's educational status. The education court report was revised as a part of a CIP initiative and will be deployed in 2020, with a training and renewed emphasis on the importance of keeping educational information updated in the case file.

In collaboration with the DHS Education Liaison, a training was developed for foster parents and caregivers addressing educational needs faced by children in foster care. The training material is currently undergoing final revisions, with plans to implement the updated training in SFY 2021, subject to delays due to COVID-19.

For additional information, please, see APSR Section VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood. In particular, please see the Education and Training Vouchers (ETV) Program section.

*Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs*

CFSR Results		2018 Onsite Review Results	N	SFY 2019 Results	N
Item 17	Physical Health of the Child	73%	45	50%	40
Item 18	Mental/Behavioral Health of the Child	60%	43	63%	49

**Current and Planned Activities:**

DCFS has a contract with the Department of Health to provide co-located nurses in every DCFS office through the Fostering Healthy Children program (FHC). Some smaller offices in the same region share a FHC nurse. A FHC nurse is assigned to every foster child. The nurses work with healthcare providers to ensure that all foster children's health needs are met. In addition, the nurses contact each foster parent regularly to review the child's treatments, including prescribed medication. FHC nurses assess the child's health status using a tool that determines the frequency of contact. This arrangement has contributed to high performance on health questions in past CFSR, QCR and CPR reviews.

In the 2018 CFSR, the main reason cases scored low on Item 17- Physical Health of the Child was due to the children lacking a 6-month dental exam. Since Utah requires annual dental exams for children in foster care, many children only had one exam in a 12 month period, instead of two. On Item 18 - Mental Health of the Child, the analysis showed a concern regarding tracking of

recommended mental health treatment and determining if treatment was producing the desired outcomes.

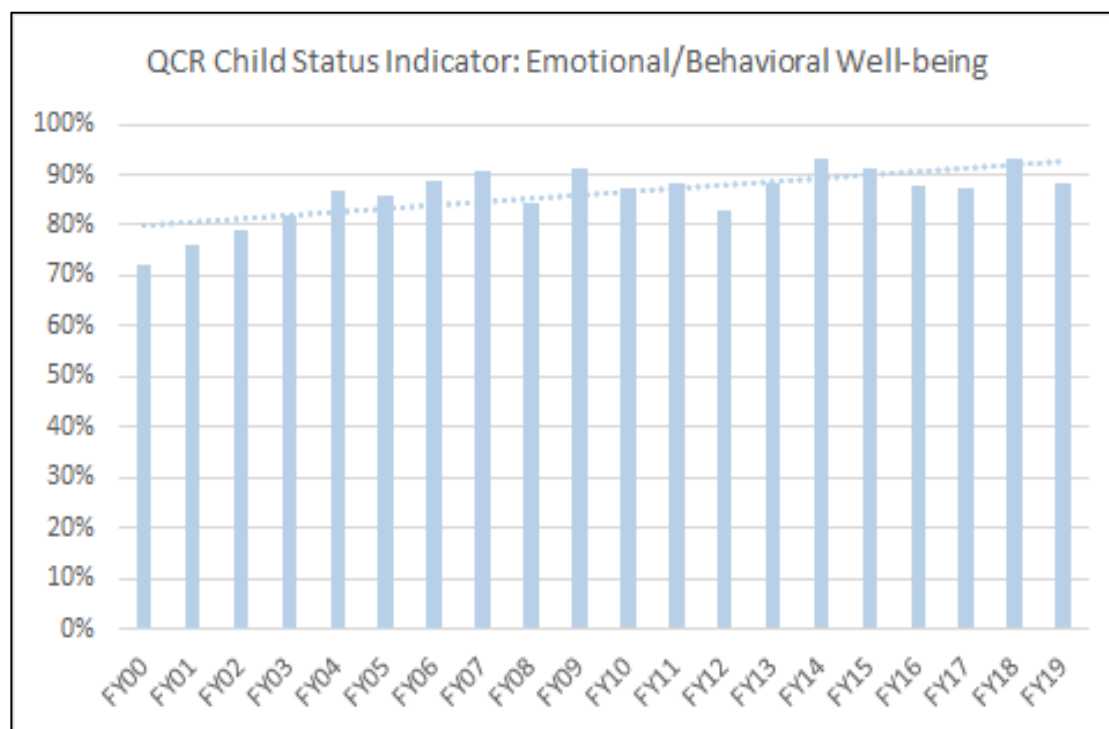
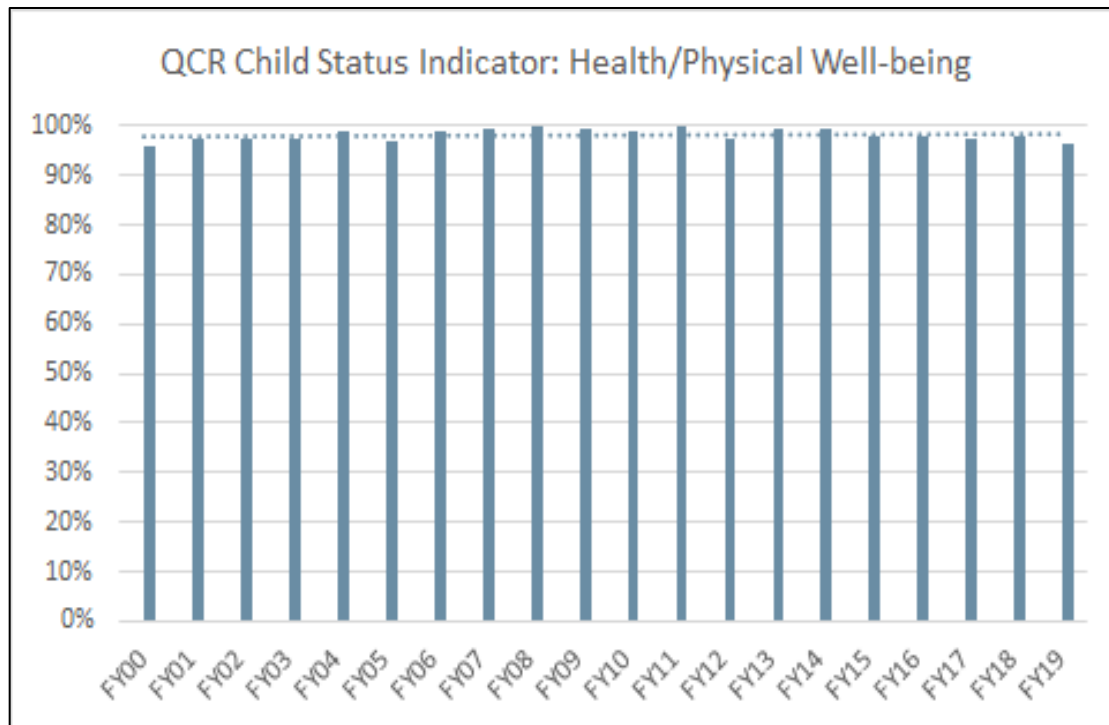
To align with pediatric dental recommendations, DCFS advised FHC nurses that 6-month dental exams are strongly recommended for all children in foster care. The mental health issues will be addressed through the Operational Excellence cross-cutting strategy to mentor/coach/ support caseworkers with better practice oriented supervision.

In 2016, the Utah Legislature passed a statute that allowed DCFS to establish a psychotropic medication oversight panel for children in foster care. In January 2017, DCFS officially launched the Utah Psychotropic Oversight Panel (UPOP), in collaboration with DOH and the University of Utah Safe and Healthy Families Program. Since then, thousands of cases have been reviewed. The panel has implemented a helpline where medical providers treating children in foster care can consult with the UPOP team and receive advice about appropriate medications to prescribe. The helpline is also available for foster parents and DCFS staff to consult with UPOP on specific cases. The team provides guidance on appropriate medication to medical providers that are treating children in foster care. The UPOP team has also provided training to DCFS staff, mental health clinicians, community medical providers, and mental health professionals on issues surrounding psychotropic medication use for children in foster care. The training also includes a statewide conference for FHC nurses, DCFS caseworkers and community prescribers. There are regular meetings with DCFS and DOH leadership to discuss progress, system-related issues, and quarterly calls with all FHC nurses. UPOP is also engaged in Medicaid and DCFS policies discussions.

SFY 2019 Reviews Conducted by the Utah Psychotropic Oversight Panel (UPOP)	
Total Reviews Conducted by UPOP	2,110
Complex Cases (cases of children taking more than 4 psychotropic medications)	375
Number of Direct Communications with Prescriber (phone or email)	355

#### **QCR Child Status Indicator: Health/Physical Wellbeing and Emotional/Behavioral Wellbeing**

The QCR measures the physical and mental health status of the child. The physical wellbeing indicator is a composite measure of both physical and dental needs. The indicators measure whether routine and follow-up physical, dental, and mental health services were provided at the expected level and whether all acute and chronic healthcare needs are identified and met on a timely and adequate basis. These QCR indicators combine results for both foster care and in-home services cases (all in-home cases are applicable). Please see the below charts for Health/Physical Wellbeing and Emotional/Behavioral Wellbeing performance from the last five years.



For additional information, please see Attachment E. *Healthcare Oversight and Coordination Plan*.



## Systemic Factors

### *Statewide Information System*

18 CFSR Results		Summary of Findings	Result
Item 19	Statewide Information System	Utah is operating a statewide information system that readily identifies the status, demographic characteristics, location, and goals for placement of every child in foster care. Stakeholders reported that data is entered timely.	Strength

### Current and Planned Activities

Utah has a well-functioning process in place to ensure that information in SAFE (CCWIS), the DCFS Statewide Information System, is accurate and up to date. Since this item was determined to be a strength, Utah will continue developing and strengthening its current information system.

### *Case Review System*

18 CFSR Results		Summary of Findings	Result
Item 20	Written Case Plan	Each child has a written case plan that is developed jointly with the child's parents and includes the required provisions. The state uses Child and Family Team Meetings as the primary tool to engage parents. Child and Family Team meetings are required before a case plan can be finalized. Stakeholders confirmed that parents are engaged in case planning.	Strength
Item 21	Periodic Reviews	Initial periodic reviews occur timely for the majority of children in foster care. Stakeholders said that subsequent periodic reviews occur for most children in foster care every 3 months and that drug court cases are reviewed even more frequently.	Strength
Item 22	Permanency Hearings	An initial permanency hearing occurs in a qualified court no later than 12 months from the date the child entered foster care for a substantial majority of children in foster care. Permanency hearings occur at least annually if not more often thereafter until the child/youth achieves permanency.	Strength
Item 23	Termination of Parental Rights	Utah has processes in place to ensure that petitions to terminate parental rights (TPR) are filed in accordance with required federal provisions. Stakeholders confirmed that the process is in place and functioning to ensure that a TPR petition is filed at month 15 of 22, unless a compelling reason not to file exists.	Strength
Item 24	Notice of Hearings and Reviews to Caregivers	Utah does not have a specific mechanism in place to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child.	ANI

### Current and Planned Activities

Utah was in substantial conformity with the Systemic Factor of Case Review System. Four of the five items in this systemic factor were rated as a strength. Since this Systemic Factor was determined to be in substantial conformity, Utah plans to continue its partnership with the CIP to continuously work at improving the court review process for families involved in the Utah's child welfare system. In addition, the CIP has chosen to address permanency issues identified in the CFSR through a Quality Hearing initiative with a strategy to *Develop and Implement a Quality Hearing Bench Card (for judges) and Guide for Utah's juvenile courts (for all parties attending court hearings and their attorneys)*. See Permanency Outcome 1.

### Juvenile Court Review Data:

The SFY 2019 *Child Welfare Statutory Time Requirements Report*, published by the Administrative Office of the Courts, provides valuable data on various court requirements. The table below shows SFY 2019 juvenile court data on timeliness of hearing completion at every stage of a child welfare case. Utah's compliance with holding timely hearings continues to be high.

SFY 2019 Timeliness of Hearing Completion							
Hearing Type	Statutory Deadline	Incident Count	Compliant	Not Compliant	Percent Compliant	Percent Compliant within 15 Days After Benchmark	Percent Compliant within 30 Days After Benchmark
Shelter	3 days	1,421	1,374	47	97%	100%	100%
Child Welfare Proceeding Pretrial	15 days	1,655	1,642	13	99%	100%	100%
Child Welfare Proceeding Adjudication	60 days	1,589	1,492	97	94%	97%	98%
Child Welfare Proceedings Disposition	30 days	1,562	1,543	19	99%	100%	100%
No Reunification to Permanency Hearing	30 days	329	324	5	98%	99%	99%
Permanency Hearing	12 months	1,230	1,178	52	96%	98%	99%
Termination Pretrial	45 days	454	395	59	87%	91%	95%
Removal to Decision on Petition to Terminate	18 months	161	131	30	81%	88%	93%
PSS Pretrial	15 days	1,546	1,500	46	97%	100%	100%
PSS Adjudication	60 days	1,288	1,215	73	94%	98%	99%

## Quality Assurance System

2018 CFSR Results		Summary of Findings	Result
Item 25	Quality Assurance System	Utah's QA system is operating in all jurisdictions. It has standards for quality, identifies strengths and areas needing improvement, provides reports to stakeholders, and evaluates improvement measures.	Strength

### Current and Planned Activities:

Utah has a model Quality Assurance (QA) system that measures outcomes for children and families, as well as the agency's ability to integrate the Utah Practice Model throughout the child welfare system.

The QA process includes several components:

- The Case Process Review (CPR) measures compliance with policy, state statute, and federal law.
- The Qualitative Case Review (QCR) is an interview-based outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services.
- The State Child and Family Services Review (CFSR), as approved on December 19, 2019, is required to measure progress on Utah's CFSR Program Improvement Plan (PIP). This review measures Utah's performance on the CFSR outcomes and systemic factors and is conducted as part of the QCR.
- Quality Improvement Committees (QICs) in each region and at the state level are comprised of key stakeholders including legal partners, community members, service providers, foster parents, and foster care alumni. QIC's provide regular, ongoing feedback to region and state office administrators about quality assurance issues that affect the child welfare system. The QICs also make recommendations.
- In addition, Utah has adopted a continuous quality improvement (CQI) model to evaluate the implementation and effectiveness of all new agency projects. As a result, each project includes tracking and data reporting mechanisms to measure progress. Data reports have been created to track fidelity, effectiveness, and outcomes of a project or initiative.

Utah is in substantial conformity with the systemic factor of Quality Assurance System. DCFS believes that the QCR encourages quality casework congruent with its Practice Model and has been a driving factor in maintaining high levels of performance. In addition, the CPR allows decision makers and stakeholders to monitor how well key policies are followed and documented in the Division's electronic file system. Over the last few years, Utah has worked at merging the CFSR measures with the QCR. CFSR trained reviewers score a sample of randomly selected cases using both the CFSR and the QCR scoring sheet. This labor intensive process has allowed Utah to maintain its core review while complying with the federal requirement to

conduct internal CFSR reviews. The PIP Measurement Plan with a proposed combined QCR/CFSR was approved by the Children's Bureau in December 2019.

### *Staff and Provider Training*

2018 CFSR Results		Summary of Findings	Result
Item 26	Initial Staff Training	Utah's training system functions statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan. All direct service staff must complete 120-hour Practice Model Training plus an additional field experience packet. Cases are gradually assigned to workers after completion of initial training and mentoring. Completion of training is monitored and effectiveness of training is evaluated.	Strength
Item 27	Ongoing Staff Training	Utah does not have a way to track completion of the 40 hours of required ongoing training on a statewide basis other than supervisors monitoring workers' completion of training. All regions have access to the same array of training and training staff is able to provide training to meet specific needs. Although ongoing training for staff is sufficient, only administrative training for supervisors currently exists. The state is in the process of developing practice-oriented training for supervisors.	ANI
Item 28	Foster and Adoptive Parent Training	There are initial and ongoing training requirements for prospective foster parents, adoptive parents, and staff of state-licensed facilities. A myriad of trainings are available to foster and adoptive parents that address the skills and knowledge base needed to carry out their duties. The state's DCFS Audit Team monitors compliance with training requirements for foster parents certified by child-placing agencies and staff of licensed facilities.	Strength

#### **Current and Planned Activities:**

All new employees complete Practice Model Training. Practice Model training is offered several times a year at the state office to meet the demands of a rapidly changing workforce. Surveys are conducted at various intervals post-training to determine the effectiveness of the training. In addition, trainings on a wide range of child welfare topics are provided to enable staff to develop and maintain skills and knowledge needed to carry out their duties. Below is a list that highlights training activities:

- In 2017, a mandatory two-day New Supervisor Onboarding training was introduced and continues to be offered quarterly.
- In 2019, The Division implemented Leadership Academy, which was conducted with all region administrators statewide (not including supervisors). The training consisted of four two-day modules. The original curriculum came from the Indiana University School of Social Work and was based on training material from the National Child Welfare Workforce Institute (NCWWI). It was revised internally by Utah's training team to meet the needs of Utah's child welfare leadership and workforce. The feedback was predominantly positive.
  - During the latter part of 2019, in response to the PIP, the Division modified Leadership Academy curriculum to address the needs identified in the CFSR for supervisors to become more practice-oriented. The primary purpose of the

Leadership Academy is to reinforce the supervisory skills needed to ensure that the delivery of child welfare practice produces the desired outcomes of safety, permanency, and well-being for children and families consistently and across all cases. The Division plans to resume Leadership Academy in FFY 2021.

- In 2018, DCFS developed and implemented a Simulation Training core course that offers new caseworkers the opportunity to practice their skills and utilize new tools in a safe environment. In response to COVID-19, the simulation training was modified to allow social distancing during training and virtual participation.
- In FFY 2019, DCFS implemented Trauma-Informed Care training in offices across the state. A training of trainers was held with region training staff in September 2019, and the training was incorporated into the region new employee training.
- In 2019, in support of the Utah Governor's initiative on suicide awareness and prevention, DCFS developed an online suicide screening training focused on use of the Columbia Suicide Screener. This screener is an instrument to assess suicide risk and is now required to assess all youth ages 10 and older who are involved in agency services. The training was conducted statewide. DCFS also modified its Practice Guidelines to include the training as mandatory for all case-carrying staff and their supervisors. The training is included in new-employee training and teaches participants how to use the Columbia Suicide Screener. A summary of SFY 2019 training provided is presented in the table below.

SFY 2019 Training Provided	Participants
New Employee Practice Model Training	179
Trauma-informed Care & Secondary Trauma Syndrome Training (Nov 2017 to Nov 2018)	987
Ethics Training	465
Child Welfare Institute: Two-day training for DCFS staff One-day training for support staff	396 135
Adoption Conference	63
Leadership Academy for Administrators	47
Protective Factors Training: Strong parents, Stable Children	521
Child Welfare Topical Regional Trainings	608
Other Trainings	238

For additional information, please see Attachment G. *Training Plan*.

DCFS contracts with the Utah Foster Care Foundation (UFC), a private non-profit agency, to recruit, train, and retain foster families. Initial foster parent training is conducted by UFC, and training records are sent to Office of Licensing as part of the information needed to complete the foster parent licensing. In-services training is tracked and monitored by DCFS training. Providing

statewide service, UFC has nine locations, each with recruitment staff who network within their local communities, seeking opportunities to partner with various businesses, religious, and civic organizations, as well as local governments. UFC provides presentations, displays information and participates in local events. UFC employs a full-time Native American Specialist to coordinate participation in local community events and network within Utah's Native American community.

SFY 2019 Utah Foster Care (UFC)	
Consultations with Prospective Foster Parents	1,104
New Foster Families Trained and Graduated	700 (533 Foster & 167 Kinship)
Hours of Training for Current and Prospective Foster Parents (1,984 pre-service training hours and 857 in-service training hours)	2,841
Foster Parent Support Meetings, which include cluster group meetings and retention activities	267

### *Service Array and Resource Development*

2018 CFSR Results		Summary of Findings	Result
Item 29	Array of Services	Although there is an adequate array of services, access to services is limited in some jurisdictions of the state, especially in the rural areas. In these areas, there is a need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists and the distance families have to travel to access services. Stakeholders also said adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state.	ANI
Item 30	Individualizing Services	Utah's Practice Model and policies require individualization of services to meet the needs of children and families. Established processes, such as the Child and Family Team meetings, support caseworkers' efforts to tailor services. However, stakeholders reported that in some jurisdictions of the state, individualization of services is difficult due to barriers in accessing some of the services. Stakeholders also reported a lack of culturally competent services for Native Americans or for families who speak languages other than English.	ANI

Utah is not in substantial conformity with the systemic factor of Service Array and Resource Development.

**Current and Planned Activities:**

Issues of accessibility and availability of services, particularly in rural areas, were at the forefront of DHS and DCFS priorities prior to the CFSR. The adoption of DHS System of Care program was the department's response to improve service delivery for families with high-level-needs children who require cross-department services. Because of the System of Care approach, a need to streamline services across divisions and eliminate barriers was identified, which resulted in an Integrated Service Delivery initiative aimed at addressing missing services and strengthening existing services, which ultimately resulted in the creation of the Office of Quality and Design (OQD).

The belief that the department needed to better engage families and stakeholders in designing services and evaluating these services was a key principle underlying the formation OQD. In addition to ongoing tasks of writing and managing contracts, procurement of services, development and management of provider networks, evaluation and refinement of services, and measurement of outcomes, OQD has been tasked with the following responsibilities:

- Seek and organize inputs on service gaps and needs
- Coordinate the prioritization of service needs
- Research solutions
- Facilitate the design of new services and the refinement of existing services (with program specialist and stakeholder engagement)
- Provide written guidelines for services and provide technical assistance
- Ensure a broad, flexible array of effective services

Efforts by OQD to gather information regarding gaps in services provided by the department thus far include the following:

- A gap analysis coordinated by the courts, in conjunction with juvenile justice reform
- System of Care evaluation of gaps with Regional Advisory Councils and through attempts to access services in implementing the System of Care initiative

As part of the QCR, stakeholder interviews are conducted in each region annually by OQD staff. Interview summaries are presented to region administration, which aid regions in addressing identified issues. This process helps to identify gaps in service availability and increase staff understanding about the array of services available to clients. The process of gathering and sharing service array information locally will continue, given region feedback regarding its helpfulness.

OQD is making further attempts to assess service gaps. OQD has identified gaps in service for the Juvenile Justice System (JJS). Gaps have also been identified by reviewing caseworkers' knowledge of existing services. Through the assessment of service gaps, OQD is learning more about service utilization and the degree to which services are being individualized. OQD also uses national research from the national Substance Abuse and Mental Health Services Administration

on the five core services that are essential to good systems (peer support, respite, intensive in-home services, high fidelity wrap-around services, and mobile crisis stabilization).

Next steps, based on identified service gaps and national research and guidance, are to identify focus areas and work with providers to improve the array of services provided in all jurisdictions. OQD will also work with the divisions to prioritize which services to develop and make available.

#### Current OQD Initiatives:

OQD is working on several initiatives aimed at improving the availability and accessibility of services to families served by DHS. Current initiatives include:

- Integrated Clinical Wrap Services Contract (ICWS).
  - The ICWS contract began in July 2018 and combined multiple previous procurements for the department's clinical mental health and nonclinical support services. The contract integrated provider networks that were previously siloed within each DHS division. Previously, accessibility depended on which division a child and family first encountered. These contracts are now integrated and all services are available to children and families involved with DHS, regardless of the division they are working with and their custody status. Requirements were streamlined and additional services were added, such as family and youth peer support service.
- Provider incentives for rural areas.
- Enhanced rates for evidence-based interventions provided in the family's home.
- Telehealth platform that all providers can use.
- Making clinical and wrap services for youth in foster care available to youth living at home.
- Making clinical and non-clinical supports and services available to youth and families who are on probation but are not in JJS or DCFS custody.
- Stabilization and mobile response 24-hour crisis intervention services are available in some areas and are accessible by members of the community, including foster parents and kinship caregivers.



#### PIP Strategies:

- Expand the array of evidence-based services or programs for children, youth and families involved with DCFS, including kinship caregivers, as components of Family First Prevention Services Act implementation for prevention services and kinship navigator services.
- Enhance access to clinical and non-clinical wraparound services for children, youth, and families, which may also include kinship caregivers; expand the number of providers contracting to provide these services under the Integrated Clinical Wrap Services contract, if necessary (started in July 2018); and implement strategies to expand availability, especially in rural areas, such as:
  - Incentives for rural areas
  - Enhanced rates for evidence-based interventions provided in the family's home
  - Telehealth platform that all providers can use
- Explore methods to assess service gaps and needs, including problems with access, on an on-going basis throughout the state. Identify and prioritize regional gaps with local stakeholders. Facilitate development of identified services.

Adhering to these strategies will significantly contribute to the development and strengthening of the array of services available for children and families. It is anticipated that it may take several years for benefits of service array expansion to be fully realized statewide. For example, addition of evidence-based services under Utah's Title IV-E Prevention Program Plan will take place over an extended period of time, as research demonstrating effectiveness of programs is expanded and necessary training is provided for program implementation. As these services become increasingly available, efforts to prevent children from entering foster care will be enhanced. It is anticipated that this effort will improve Utah's performance on CFSR items such as the Systemic Factors and Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Providers have been encouraged to apply for contracts under the Integrated Clinical Wrap Services contract. This will help families whose children are at home or with foster parents, in particular kinship caregivers. This effort is expected to improve Utah's performance on CFSR Item 4-Stability of Foster Care Placement and Item 12-Needs and Services of Children, Parents, and Foster Parent, as well as improve the overall Service Array.

For additional information on Service Array and Resource Development, please see APSR Section III. Update to the Plan for Enacting The State's Vision And Progress Made to Improve Outcomes: Objective #2.1.

## Agency Responsiveness to the Community

2018 CFSR Results		Summary of Findings	Result
Item 31	State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	The agency is responsive to the statewide community system and ensures that the state engages the community in implementing the provision of the CFSP and ongoing developments through the APSR. The state has forums in place to engage in ongoing consultation with Tribal representatives, children and families, service providers, foster care providers, juvenile courts, and other public and private child- and family-serving agencies.	Strength
Item 32	Coordination of CFSP Services with Other Federal Programs	The agency coordinates with a variety of other agencies that provide services and benefits of other federal or federally assisted programs serving the same populations including but not limited to Temporary Assistance to Needy Families (TANF), the Department of Health and Early Intervention Programs, Head Start Programs, Medicaid, Division of Services for People with Disabilities, Women, Infants and Children (WIC) programs, the State Offices of Education and Housing Services, and Substance Abuse and Mental Health Services Administration (SAMHSA).	Strength

Utah is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Both of the items in this systemic factor were rated as a strength.

Utah has a well-functioning process in place for collaborating with partners, including all Utah Tribes, and continues to seek out partnerships that will benefit Utah children and families. The Division will continue to use this pathway to identify problems, look for solutions within the communities served, and respond to their concerns and recommendations. This approach has resulted in long-lasting and trusting relationships. DCFS will continue to collaborate with other state and federal programs in order to achieve better outcomes for the families with whom the Division works.

For additional information, please see APSR Section VII. Consultation and Coordination Between States and Tribes.

## Foster and Adoptive Parent Licensing, Recruitment, and Retention

2018 CFSR Results		Summary of Findings	Result
Item 33	Standards Applied Equally	In Utah, standards are applied equally to all licensed or approved foster family homes, child-placing agencies, and child care institutions.	Strength
Item 34	Requirements for Criminal Background Checks	Utah has a process in place to ensure that the state complies with federal requirements for criminal background clearances related to licensing foster care and adoptive placements. The state has a case	Strength

		planning process in place that includes provisions for addressing the safety of foster care and adoptive placements for children.	
Item 35	Diligent Recruitment of Foster and Adoptive Homes	The state contracts with Utah Foster Care to provide diligent recruitment of foster and adoptive families. The recruitment process functions well to ensure that there is a statewide comprehensive process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. Regional recruitment plans are developed based on each region's needs assessment on an annual basis.	Strength
Item 36	State Use of Cross-Jurisdictional Resources for Permanency Placements	A large percentage of ICPC home studies are not completed on a timely basis. Barriers to timely completion of home studies include delays in receiving ICPC documents from the central office. An additional barrier identified by stakeholders is relatives not following up on requested activities. Utah does effectively use cross-jurisdictional resources, such as the Adoption Exchange, the Heart Gallery, and Wendy's Wonderful Kids, to identify permanent placements for foster children. Additionally, Utah uses the Round Table process to locate permanent placement options for children.	ANI

Utah was in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Three of the four items in this systemic factor were rated as a strength.

### Current and Planned Activities

DHS Office of Licensing (OL) works closely with but is independent from DCFS. OL is responsible for ensuring that approved foster family homes or child care institutions receiving title IV-E funds comply with state standards, and OL audits each program frequently. All OL criteria and specifications that guide services delivered by community providers conform to federal law and recommended national standards. OL also oversees the criminal background screening and child abuse registry screening process for foster and adoptive parents and works with the Department of Public Safety to ensure that criminal background checks are completed. Background screenings are recorded in the SAFE data management system, which OL uses to track compliance.

Through a contract with DCFS, UFC is responsible for the diligent recruitment and training of potential foster and adoptive families and works with each region to determine yearly recruitment target numbers. The recruitment process functions to enroll potential foster and adoptive families in all parts of the state, as shown in the CFSR. Numbers of new foster parents recruited and trained last year are reported above, under Staff and Provider Training, item 27. Regional recruitment plans are developed annually, based on each region's needs assessment.

Utah also has a contract with the Adoption Exchange and uses many of this agency's resources to find adoptive families for children. The Adoption Exchange's Heart Gallery is an initiative that

helps place children who are free for adoption into families located outside of the county or region in which the child is located. In some cases, this has resulted in children being placed with adoptive families outside Utah. DCFS contracted with the Dave Thomas Foundation to facilitate the operation of the Wendy's Wonderful Kids (WWK) evidence-based program through the Adoption Exchange. Through WWK, professional family recruiters help find homes, match children with potential adoptive and guardianship families, secure placements, and work toward the finalization of adoptions for children who need additionally focused efforts to obtain a permanent family.

For additional information, please see Attachment D. *Utah's Foster and Adoptive Diligent Recruitment Plan*.

DCFS Interstate Compact on the Placement of Children (ICPC) team is responsible for processing ICPC requests in a timely manner. In addition there are ICPC Coordinators in the regions that assist caseworkers with the ICPC process. Many factors affect the timeliness of home study completion and processing, some of which are not in the agency's control, such as delays in processes or in receiving required information from families, other agencies, and other states.

The table below displays ICPS home study data from the last five years.

Timeliness of Incoming ICPC Home Studies										
Completion Time	SFY 2015		SFY 2016		SFY 2017		SFY 2018		SFY 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
60 Days or Less	138	53%	109	46%	124	52%	92	40%	105	47%
61 to 75 Days	24	9%	29	12%	26	11%	20	9%	26	12%
76 Days or Greater	98	38%	98	42%	89	37%	120	52%	94	42%
Total	236	100%	236	100%	239	100%	232	101%	225	101%
<i>Note: Due to rounding, total percent may not equal 100%.</i>										

ICPC Placement Requests		
ICPC Type	FFY 2019	
	Incoming	Outgoing
All Adoptions	101	144
Foster Care	162	96
Parent	53	75
Kinship	100	160
Residential Treatment	2,530	17
Total Incoming/Outgoing	2,946	492
<b>Total Placement Requests</b>	<b>2,850</b>	<b>588</b>

### III. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

Utah's CFSP is part of a broader endeavor to synchronize multiple initiatives that, once fully integrated and coordinated, will more effectively help DCFS realize its overall vision of "safe children through strengthened families." Timing for the 2020-2024 CFSP planning occurred simultaneously with planning for: (1) Utah's CFSR PIP, (2) implementation of the Family First Prevention Services Act (FFPSA), (3) conclusion of the Title IV-E child welfare demonstration project, HomeWorks, and (4) design of Operational Excellence system improvements as part of a State government-wide initiative.

#### **Goals, Objectives, and Measures**

Utah's 2020-2024 CFSP goals were formed as a result of identified needs and, through a collaborative process, possible solutions were analyzed and weighed in a variety of venues. National-level strategic planning sessions with Court Improvement partners helped set the foundation for overall planning and conceptualizing goals. PIP workgroups analyzed CFSR findings, seeking to identify underlying needs and select strategies to resolve those needs. The Department of Human Services organized cross-agency teams, which included state-level human services agencies, community service providers, child welfare regional staff, and consultation with tribes and clients, to analyze and address provisions of FFPSA, with particular focus on how the prevention services provisions could build upon the foundation of Utah's IV-E waiver child welfare demonstration project. Planning for completion of the IV-E waiver gave DCFS an opportunity to reflect upon processes for implementation and to utilize waiver funds as a bridge to increase prevention resources. Utah governor's Operational Excellence initiative provided for an intensive system self-assessment, with outside consultation from experts in the Theory of Constraints model. Input from the Child Welfare Improvement Council (CWIC), an independent advisory body, resulted in additional recommendations for refinements. Together, these efforts led to the selection of four primary 2020-2024 CFSP goals for improving Utah's child welfare system and outcomes for children and families, which can be generalized as having "safe children through strengthening families within the context of a supported workforce and integrated child welfare system and community."

These broad goals reflect priority concerns of the agency and guide selection of significant areas of improvement that Utah will focus on through the FFY 2020-2024 CFSP period. Elements of each of the other initiatives are integrated into goals and objectives for the CFSP and constitute the highest priorities for system improvement for Utah's child welfare agency over the next five years.

## **APSR Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes**

Following each goal is Utah’s APSR update to its plan for enacting the state’s vision and progress made to improve outcomes, including revisions to goals, objectives, and interventions, since submission of the FFY 2020-2024 CFSP.

*Goal #1: Children will remain safe at home or free from maltreatment while in State care.*

Rationale:

Child safety from maltreatment is the foremost responsibility of DCFS. Continuing efforts to improve caseworker ability to evaluate safety are always a necessity. In Utah’s CFSP, needs for improvements were identified for both Safety Outcome 1 and Safety Outcome 2, as described in a prior section of this document and in Utah’s PIP. Root cause analysis focused attention particularly on the need to ensure caseworkers more systematically assess child safety at critical junctures across all types of child welfare cases. Also, analysis of child fatalities and near fatalities in the past year brought renewed attention to the most extreme consequence that can occur when child safety is not attained, with children under age one being most at risk. Data (listed in the “Populations at Greatest Risk of Maltreatment” section of the CFSP) prompted DCFS to challenge a “one size fits all” approach to child protective services assessments (aside from priority time frame) and develop differing requirements based on child vulnerability and types of allegations. For example, the data showed that children under age five are at high risk of maltreatment, including children age one year or younger who accounted for 69% of fatalities in SFY 2018 and 50% of fatalities in SFY 2019. Utah’s CPS Success Project has provided evidence that, with a supportive system, CPS worker capacity can be increased, which may allow for increased time with families during the investigative period, which may better help assure child safety.

**Objective #1.1:** Design and implement a system that supports CPS workers in responding to a referral in a way that better ensures child safety commensurate with identified child vulnerabilities and allegations.

Benchmarks / Time Period: System design is completed (including SAFE supports, practice guidelines, etc.) by March 2020; CPS workers and supervisors are trained by August 2020; System is successfully implemented by Feb 2021.

APSR Benchmarks / Time Period Update: System design is completed (including SAFE supports, practice guidelines, etc.) by December 2020; CPS workers and supervisors are trained by June 2021; System is successfully implemented by December 2021.

*Measures: % recidivism (at 90 days and at 12 months) after CPS assessment is completed for children with higher vulnerabilities; % children seen within priority time frame.*

### *APSR Objective 1.1 Update*

This objective (Safety at Critical Junctures) was modified to include two phases. The first phase, referred to as the First Impressions Project, intensively focuses on the first 21 days of a CPS case. Progress on this phase has been significantly slowed due to COVID-19. The second phase, which will occur after completion of First Impressions, will address safety across the system after the first 21 days of a case.

The First Impressions Project intensively focuses on the first 21 days of a CPS case. Since families are the best experts on their experiences, needs, and strengths, family voice needs to be heard early and often throughout the life of a case. Robust teaming with the right participants helps to develop productive plans, determine necessary services to resolve safety issues and mitigate risk. Families need kinship involvement in order to strengthen informal supports, maintain the child's connection to their extended family and reduce the trauma of an out-of-home placement. Workers need support and guidance in making safety decisions regarding children and their families. Elimination of systemic barriers that can cause unintended consequences for families is critical, such as the barriers of delayed or restricted access to services they need in the time frames and intensity necessary.

In response, Division leadership has tasked the First Impressions Project workgroup with developing a workflow that provides the best experience for families and guides workers in their decisions involving safety. First Impression will develop a system and workflow that addresses system barriers in order to support an elevated system response to children who are unsafe or safe with a plan, support upfront teaming with families, and prioritize search, engagement and placement with kin.

The First Impressions Project focuses on improving the flow of a family's case in the first 21 days in order to set families up for a greater chance of success. This includes but is not limited to facilitating caseworker support in CPS safety decisions, upfront family-driven teaming, intense search and engagement of kinship and initial kin placements, and reducing systemic barriers to accessing evidence-based and appropriate services in a timely manner.

Another effort underway and related to CPS response is Strengthening CPS. This initiative introduced work practices aimed at improving CPS casework processes and outcomes for families. The Strengthening CPS pilot implementation included regular feedback sessions with region administration, CPS supervisors, and the implementation team. The sessions were designed to learn from the field and were held every 10 days for over one year, creating an ongoing state of continuous quality improvement. During the sessions, strategies were refined and processes revised. This 10-day cycle of process improvement sessions repeated until implementation of Strengthening CPS was completed. This effort is in the evaluation period now; completion is anticipated in September 2020.

Competing priorities shifted benchmarks/time periods back and were further delayed by the Division's required response to COVID-19. The original benchmarks / time periods were delayed approximately nine months. The Division anticipates completion in late 2021.

**Objective #1.2:** Design and implement policy, guidance, and/or tools to enable caseworkers to conduct quality home visits, which include assessment of safety in the home across all child welfare case types. *(Note: This objective is correlated with Goal #3 in the CFSR PIP.)*

Benchmarks / Time Period: Design of policy, guidance, and/or tools is completed by July 2020; caseworkers and supervisors are trained by December 2020; implemented by July 2021.

Updated Benchmarks / Time Period Update: Design of policy, guidance, and/or tools is completed by July 2021; caseworkers and supervisors are trained by June 2021; implemented by June 2022.

*Measures: % in-home visits consistent with SDM recommendations; # and % of SDM safety, risk and risk reassessments completed within required time frames; % private conversations with children for in-home and out-of-home cases monthly.*

#### *APSR Objective 1.2 Update*

The work for Objective 1.1 is foundational for the work of Objective 1.2 to be completed. Due to competing priorities and the Division's required response to COVID-19, work on this objective has been delayed approximately six months.

One of the strategies to aid workers in providing quality home visitation is to support families in maintaining safety and reducing risk by accurately assessing safety concerns and risk for subsequent child abuse and neglect. The SDM Safety and Risk Assessment tools are utilized for this purpose. This year, the SDM Risk Revalidation was completed.

The revalidation process found that the risk assessment and reassessment tools needed to be modified. Implementation has been delayed until 2022. The delay is due to the need for the updated assessments to be created and deployed in CCWIS. Since the CPS module is the first anticipated CCWIS module to be completed, it is possible the updated SDM Risk Reassessment will be completed earlier.

*Goal #2: Family capacity to safely care for their children will be strengthened through expanded availability of services and increased involvement of kin.*

Rationale:



HomeWorks focused on providing tools and enhancing caseworker skills to better support parents in safely caring for their children in the home. While the evaluation positively found that regions sustained implementation of UFACET, a CANS-based assessment, and incorporation of protective factors in case practice, through stakeholder interviews, the evaluation found that there was, “a critical shortage of appropriate services, which were needed to ensure child safety for in-home services cases. Given this issue, some stakeholders were unsure of the extent to which HomeWorks could remain operational without adequate funding, especially once the waiver ends.” The passage of the Family First Prevention Services Act creates an opportunity to address this service gap that HomeWorks alone was unable to fill. Under FFPSA, ongoing availability of Title IV-E funds will help address three categories of service needs that HomeWorks surveys of staff identified as the greatest need for families, including mental health and substance abuse prevention and treatment, and in-home parent skill-based training.

Utah’s CFRS also indicated need for this goal in stating that “Utah is not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this system factor were rated as strength.” Three of the four elements of Item 29 pertain to this CFSP goal, including: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable. This finding also reinforces Utah’s need to develop additional services to support children and families in achieving outcomes of safety, permanency, and well-being.

Also important in efforts to strengthen families is maintaining family connections, especially for the child. The first priority for DCFS is to maintain a child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of a relative’s knowledge of and relationship with the family and child. Kinship care allows a child to stay in the care of a family member or friend who is willing to meet the child’s needs, including working with the child’s parents or guardian so they can return home, or providing a permanent home for the child in the event they cannot return home. In developing Utah’s PIP in response to the CFRS Permanency Outcome 1, supports to kinship caregivers of children were identified as a need to be addressed. This CFSP goal aligns with PIP Goal #4. Though data reported previously in this document shows an increase in the percentage of children cared for by kinship caregivers while in foster care, a higher percentage is desired. Also, recent reviews of specific cases have shown that giving priority and seeking kinship involvement needs to be more deliberately reinforced in practice. In addition, the FFPSA creates a unique opportunity to fund kinship navigator services with Title IV-E funds, which will be a valuable service to support kin once an evidence-based program is available.

**Objective #2.1:** Expand the service array for mental health, substance abuse, and in-home parent skills based training through implementation of the prevention services provisions under FFPSA. (This objective is aligned with the Service Array Systemic Factor goal in the CFRS PIP.)

Benchmarks / Time Period: Develop five-year Prevention Services Plan, including selection of initial evidence-based services, and submit to the Children's Bureau by September 2019; support training for initial EBPs and establish contracts for these services by October 2019; Expand both number and availability of EBPs, with emphasis on capacity for rural areas and tribes ongoing through 2024.

*Measures: % improvement of UFACET scores over time for in-home or kinship cases for specific items; % children with in-home cases that enter foster care; Data measures for FFPSA.*

### *APSR Objective 2.1 Update*

Utah submitted its initial Five-Year Title IV-E Prevention Program Plan in September 2019 and initiated contracts for initial evidence-based programs by October 2019. Utah received approval for its Five-Year Title IV-E Prevention Services Plan in December 2019. In this plan, two additional evidenced-based mental health services, Parent Child Interaction Therapy (PCIT) and Functional Family Therapy (FFT), and one evidenced-based parent skills training service, Parents as Teachers (PAT), were included and subsequently approved.

Training for PCIT has been provided to one cohort of providers and contracts have been finalized. Training is planned for another cohort of providers in June and August 2020. Delivery of PCIT services to clients began in March 2020. FFT training was scheduled at three sites in Utah but has been delayed due to the Division's response to COVID 19. It is anticipated that the training will be completed and contracts established during FFY 2021. Utah has existing PAT programs and is negotiating how the services will be implemented under the Title IV-E Prevention Program.

Utah has submitted an amendment to its Title IV-E Prevention Program Plan to add three additional evidence-based services. These services include SafeCare, Trauma-Focused Cognitive Behavioral Therapy, and Motivational Interviewing.

**Objective #2.2:** Increase and improve kinship involvement in supporting children and families through a structure that better supports identification of kin to keep children safe at home or to provide a safe placement; improve identification, assessment, engagement, and support of kin; bolster and clarify expectations and shift organizational culture to prioritize kinship placements over non-kin foster care. (This objective is aligned with Goal #4 in the CFSR PIP.)

Benchmarks / Time Period: Develop organizational structure that better supports identification of kin by January 2021; implement kin identification structure by July 2021; develop strategies to improve assessment, engagement, kin support, clarify expectations, and shift culture by January 2022; implement strategies to improve assessment, engagement, kin support, clarify expectations, and shift culture by July 2022.

*Measures: % children in foster care served in kinship homes; % of time children in foster care are in kinship placements; # kinship placements for children in foster care; % foster children that exited to family (i.e., reunification or custody/guardianship or adoption with kin); searches for kin during CPS and Ongoing cases (CPR measure).*

## *APSR Objective 2.2 Update*

The organizational structure to support kin is developed, in part, through the work of the First Impressions Project (See Objective 1.1). FFY 2019 kinship data is presented in the below tables.

<b>Number and Percent of Children Unable to Remain Safely in Their Home of Origin who were Placed in the Home of a Relative on the Last Day of the Federal Fiscal Year</b> (Includes PSS Kinship Placements and Foster Care Placements with a Relative)			
<b>FFY</b>	<b>Children Placed Outside Home of Origin</b>	<b>Children Placed with a Relative</b>	<b>Percent of Children Placed with a Relative</b>
2019	2575	920	35.7%

<b>Percent of Children in Foster Care Placed with a Relative (Foster Care Only)</b>			
<b>FFY</b>	<b>Children In Foster Care</b>	<b>Children Placed with a Relative</b>	<b>Percent of Children Placed with a Relative</b>
2019	2479	823	33.2%

<b>Percent of Children Receiving PSS in the Home of a Relative (PSS Only)</b>			
<b>FFY</b>	<b>PSS Child Clients</b>	<b>Children in Home of a Relative</b>	<b>Percent of Children in Home of a Relative</b>
2019	1558	98	6.3%
<i>NOTE: One child is listed as a foster child and a kinship child on a PSS case; the sum of foster care kinship and PSS kinship is 921, one more than the total unduplicated count.</i>			

Children in Foster Care Placed with a Relative													
	Grandparent		Aunt/Uncle		Non-Custodial Parent		Sibling, Stepsibling, or Relative of a Sibling		Stepparent		Other Relative		
FFY	Child Count	Percent	Child Count	Percent	Child Count	Percent	Child Count	Percent	Child Count	Percent	Child Count	Percent	Total
2019	867	42.5%	724	35.5%	137	6.7%	65	3.2%	13	0.6%	420	20.6%	2,038
Note: All child counts are distinct (unduplicated). The percent of children in each kinship group is calculated on the distinct count of children served during each Federal Fiscal Year. One child may have been placed with more than one relative; therefore, the sum of percentages may not equal 100%.													

Finalized Adoptions from Foster Care and Home-Based Kinship Placements			
Average Months Adoption Cases were Open			
FFY	Child Count	In-Home Unlicensed Kinship	Foster Care Including Licensed Kinship
2019	728	19	20

*Goal #3: The child welfare front line workforce will be supported with an organizational structure that enables them to complete critical case activities and engage children and families in achieving outcomes of safety, permanency, and well-being.*

Rationale:

Child welfare can be a challenging and complex system with requirements, policy and procedures that do not always align with Utah's goal of "safe children through strengthened families." We have experienced a negative cycle in which the child welfare system loses expertise and capacity needed to support our workforce and serve families, often through turnover. This leads to DCFS defaulting to compliance driven work, which can negatively impact the quality of the work with families. As such, staff do not consistently engage, team, assess, plan, and intervene in order to facilitate transformational change. The outcome potentially compromises child safety, permanency, and family outcomes. This leads to more requirements, policy, training, procedures, measures which then overburden the workforce with constantly increasing, changing, and competing requirements and expectations. This, in combination with unpredictable mandates, interruptions, and crises, leads to low morale and high turnover. The cycle then repeats.

To break this cycle, DCFS is participating in a state government-wide system improvement initiative called Operational Excellence (OE), which for DCFS will expand application of a Theory of Constraints model from CPS, which is operational in 3 of 5 regions, to ongoing child welfare case practice. The initiative will focus on work processes and workflow and reallocate resources to key priorities, which will create capacity to significantly improve consistency of practice, in particular the ability of staff to focus on critical activities like addressing safety of children and engaging parents. This will include eliminating or reassigning tasks, responsibilities and initiatives that take away from critical activities and aligning our system and resources to ensure children are safe through strengthened families.

This Theory of Constraints model has been incorporated into CPS work in Northern, Salt Lake Valley, and Western Regions, with promising results. For example, in Western Region, over the most recent four quarters there has been a reduction by 10 days in the average number of days a CPS case is open, from 35.4 to 25.3. DCFS has also seen a 10% increase in frequency of priority time frame being met from 80.7% to 90.3%. Average client contacts per case have also increased from 11.9 to 14.2. It is anticipated that applying this model to ongoing cases (in-home and out-of-home) will create additional capacity for caseworkers to address safety of children and engage with families for transformational change.

This goal was also selected with the belief that applying principles of this model may help address challenges associated with caseworker turnover through providing a more supportive practice structure for caseworkers. During the past year, DCFS region directors unanimously identified workforce needs as the greatest concern they face, in areas such as staff competence,

employee retention, career ladder/compensation, leadership and skills development, culture, and organizational support. In SFY 2018, Utah experienced 31% turnover of frontline caseworker positions, up from 19.9% in 2012 and 23.2% in SFY 2014. Regions struggle to fill available vacancies and numbers of new employees trained are at an all-time high, with 140 new caseworkers trained in 2017, 180 in 2018 and

Operational Excellence has been identified as a cross-cutting strategy for Utah's PIP, Goal #1. It is anticipated to address issues identified under Wellbeing Outcome 1 (Items 12-15), strengthen the assessment of safety during home visits at critical junctures (Safety Outcome 2: Items 2 + 3), and items that showed inconsistencies of practice (Permanency Outcome 2: items 7-10; items 16, 17, and 18).

### **Objective #3.1:**

- Design an improved organizational structure to support frontline workers in completing case critical activities that improve safety, permanency and well-being of children.
- Structure caseworker expectations around the frequency, intensity, time, and type of activity to improve family outcomes.
- Identify and eliminate or reassign non-critical casework activities to increase caseworker capacity allowing them to spend more time with families.

Benchmarks / Time Period: Design organizational structure to support frontline workers in completing case critical activities by May 2020; implement organizational structure to support frontline workers in completing case critical activities by July 2021.

Updated Benchmarks / Time Period: Design organizational structure to support frontline workers in completing case critical activities by December 2020; implement organizational structure to support frontline workers in completing case critical activities by December 2021

*Measures: % caseworker turnover; workforce survey of perceptions of worker support; Qualitative case review system scores.*

### *APSR Objective 3.1 Update*

Two primary projects address this objective.

First, the Managing Active Progress (MAP) system uses daily stand-up morning meetings and a MAP board to help staff track essential tasks that need to be completed on each case. In daily stand-up meetings, critical case practice activities are determined for the day and any need for additional caseworker support is identified and scheduled. The MAP process allows supervisors and their teams to visually track the progression of cases toward closure. Through the MAP process, the team builds cohesion and improves team support. MAP's initial implementation

process was completed in November 2019. The program is currently in its evaluation period. The Division plans to develop a second prototype by end of 2020.

Second, the First Impressions Project is foundational. This objective will extend beyond the goals of First Impressions. (See APSR Update on Objective 1.1 listed above).

Another project that was not a part of the original objective but is related work and may inform it is the Social Services Blueprint Solution (aka Plan for Progress), also a GOMB project. The Plan for Progress will be completed in two phases. Phase I will be a synchronized sharing of information regarding client involvement among five different agencies (Family Employment Program, Vocational Rehabilitation, Juvenile Justice Services Early Intervention, Department of Corrections, and DCFS ongoing services). Phase II will involve sharing client plan information relative to services, in order to synchronize expectations and support among the five agencies.

*Goal #4: Better integrate the child welfare system and child abuse prevention network in local communities in Utah.*

Rationale:

For the past year, the Children's Bureau has highlighted the importance of the child welfare system being more interconnected to child protective services activities in states and communities as a means of focusing on and increasing capacity to prevent maltreatment of children. While DCFS serves as the child welfare agency and also has as a key role for child abuse prevention in Utah, these roles have functioned somewhat independently, and can benefit from being better integrated into the full child welfare system that serves our shared families.

HomeWorks implementation included face-to-face discussions with stakeholders and legal partners on a community level in an effort to facilitate a shared vision for child safety and strengthening families. The Title IV-E waiver final evaluation report stated, "By the final rounds of stakeholder interviews, there appeared to be extensive buy-in to the vision and goals of the waiver, particularly within DCFS, but also increasingly among external stakeholders, such as legal partners. Respondents from both within and outside of DCFS overwhelmingly appeared to be in agreement regarding the goals of reducing foster care and keeping children in the home, as long as they could do so safely."

Discussions during national strategic planning meetings with Court Improvement partners led to further discussion about ways to have statewide impact through our unique roles in keeping children safe and strengthening parents' capacity to safely care for their children. The group concluded that this could best be done on a community level, such as replacing the statewide child welfare conference, targeted primarily to child welfare staff, with local child welfare conferences that include both child welfare agency staff and community members including families and partners. The Child Welfare Improvement Council added to the concept by suggesting that when identifying participants for community collaborative activities, participants

are selected from the perspective of the family and who they need from the community to support them in being strengthened in safely caring for their children. The need for better including family voice became very apparent in all of these activities.

**Objective #4.1:** Review primary prevention scope of activities and extent integrated with child welfare system, and review plans for request for proposal for primary prevention services in preparation for upcoming five-year procurement cycle.

Benchmarks / Time Period: Review primary prevention scope of system activities and services, the extent of integration with child welfare, and determine modifications needed for better integration by April 2020; review plans for RFP for primary prevention services by July 2020; implement modifications for better integration ongoing through 2024.

Updated Benchmarks / Time Period: Review primary prevention scope of system activities and services, the extent of integration with child welfare, and determine modifications needed for better integration by December 2020; review plans for RFP for primary prevention services by August 2020; implement modifications for better integration ongoing through 2024.

*Measures: Review with prevention and child welfare system partners completed; RFP issued and new contracts established by January 2021; # adults and children served through contracted primary prevention services.*

#### *APSR Objective 4.1 Update*

Utah has made progress toward meeting this objective but has faced challenges in completing the two tasks due in 2020.

First, the Division experienced a Prevention Program Administrator change this year. The new administrator started on December 30, 2019. She began conducting a review of several of the prevention service programs, met with existing grantees, and completed site visits to partner locations. Several site visits need to be rescheduled, due to the effects of COVID-19.

State Prevention Plan development meetings were scheduled to take place in April 2020 but have been delayed due to competing schedule demands resulting from COVID-19.

Current primary prevention contracts expire in December 2020. The Prevention Program Administrator is working with Office of Quality and Design to procure new contracts.

The Prevention Program Administrator has provided technical assistance to prevention program partners, as they adapted their programming to ensure continued services be provided, despite the limitations brought about by the pandemic.



**Objective #4.2:** Implement activities at the local level to strengthen child welfare system integration and elevate a shared vision.

Benchmarks / Time Period: Identify goals, messaging, approach, and framework for local level integration activities by July 2022; identify target communities, venues, and participants for each site, including families by October 2022; conduct local level integration events ongoing through 2024.

*Measures: # integration activities in local communities completed; # individuals and organizations participating; stakeholder interviews (QCR).*

#### *APSR Objective 4.2 Update*

Preliminary conversations have occurred with legal partners and some combined sessions have been planned for summer 2020. However, these sessions will likely be delayed due to the COVID 19 pandemic.

**Objective #4.3:** Bolster family voice in their own child welfare experience through better teaming, and incorporate family voice in collaborative activities shaping the community child welfare system.

Benchmarks / Time Period: Identify strategies to include family voice in collaborative activities by October 2019; Implement strategies to engage families in collaborative activities by January 2020; strengthen value of family voice in teaming with regional staff as part of OE implementation by July 2021.

*Measures: Formalized feedback loop established for parental input into the system; # system improvement efforts for which parental input was received; # integration activities in local communities, including identification of # in which families participated; QCR system measures for engagement with parents and parent satisfaction.*

#### *APSR Objective 4.3 Update*

During the past year, the following efforts were made to improve the Division's incorporation of parent and youth voice.

The Family First Prevention Services Act implementation workgroup included a parent representative on a department level advisory committee. The parent representative provided valuable input that informed the Divisions implementation of the FFPSA Prevention Program. In addition, the FFPSA congregate care workgroup met with the State Youth Council on two occasions to discuss the development of post-QRTP placement supports. The council was asked

to inform what types of aftercare services and supports would be most useful during the transition from a QRTP placement to a step down placement.

The Division created parent voice recruitment cards that were provided to regional directors for distribution to their region's contracted parental defense offices. The parental defense offices were asked to give the cards to their DCFS parent clients at the time of case closure, regardless of the closure type (i.e. reunification, termination of parental rights, etc.). The cards ask that parents interested in helping DCFS improve child welfare services in Utah to contact a designated DCFS representative and be added to the Division's family voice list. DCFS is creating a running list of parents willing to provide parents voice to a number of initiatives. Representatives from the list are requested to share with the Division, from their experiences, what worked well and what did not work well. Families are included in projects as needed. For example, parents from the list helped to inform the creation of a CPS to In-home brochure and a Removal brochure.

The First Impressions Project workgroup focused on increasing family voice and engagement within the first 21 days of a case. To enhance understanding of the issues regarding robust teaming and engagement with families, several Peer Support-certified families (biological parents who were reunified with their children and have been peer-support trained) were invited to share their experiences and perspectives. This process provided valuable information, as it helped the workgroup determine what was most meaningful to families involved in child welfare systems. It also generated ideas that the workgroup had not previously thought of or did not previously see as important. As a result, the workgroup gained a better understanding of the processes needed to achieve the goals most meaningful and helpful to families. The workgroup would not have gained this improved understanding without the inclusion of family voice.

The Adolescent Services Administrator met with the State Youth Advisory Council on four occasions to get their input regarding a CFSR/PIP permanency item that involved placements and supporting foster parents. The Kinship Program Administrator also met with the State Youth Advisory Council to gain insight on how DCFS can best include youth voice as youth enter foster care, become part of the Child and Family Team, and inform decisions regarding their case.

## **Staff Training, Technical Assistance, and Evaluation**

### *State Training Plan*

The Staff Development and Training Plan contained in the CFSP supports overall agency operations, and particularly support frontline caseworker knowledge and skill develop. Planned training activities encompass expected training needs to support the goals and objectives during the five-year plan period. The need for additional staff development and training will be assessed in more detail as work on goals and objectives progresses. As part of Operational Excellence, DCFS will critically assess in every scenario whether training is really the best mechanism to help

staff to implement new activities or if other tools and resources will better support that need without taking staff away from critical case activities so frequently for training.

### *APSR State Training Highlighted Updates*

The first area of focus for training was new employee training. During FFY 2020, in response to the DCFS elevated turnover rate, the need to focus on rapid comprehensive professional development has become acute. To accommodate the need for having a skilled workforce that is able to make critical decisions regarding child safety and permanency and well-being issues, new employee training is incorporating more skills-based simulation experiences. This incorporation allows for professional development staff to coach new employees in a safe environment, prior to the new employees performing primary casework responsibilities. The coaching assists new employees in developing the skills necessary to engage with families, leverage child and family teams, assess a family's strengths and needs, and develop holistic plans that reflect the families' voice and choice.

A new initiative began in March 2020 referred to as Collaborative Safety. A state office project coordinator, in conjunction with representatives from the DHS Office of Quality and Design, attended a two-day Technical Assistance training with the Collaborative Safety representatives. Through this process, the Division was able to map a tentative workflow on a new fatality review process. Another two-day Technical Assistance training was held in May 2020 to finalize the workflow.

In addition to developing the workflow, plans were made to provide statewide trainings on foundational Collaborative Safety principles. In April 2020, training began with the Executive Safety Institute, which included participants from the DHS Executive Director's office, directors from other divisions within DHS, and DCFS region directors. This was followed by a second Executive Safety Institute, which included associate region directors, state office administrators, and selected region administrators and was held in May 2020. Due to the COVID-19 pandemic, the trainings were moved online. The remaining Division staff are scheduled to be trained on Collaborative Safety after July 2020. It is expected that all stakeholders will be trained by September 2020 so that the process can go live in October 2020.

### *Technical Assistance*

As part of implementation planning for each goal and objective, specific needs for technical assistance (TA) for regional staff will be identified. TA will be provided through state office staff or through regional staff who have been trained to provide the needed TA support. Additional resources outside of DCFS will be utilized to support implementation of goals and objectives, when needed. For example, FFPSA workgroup support, which includes individuals outside of DCFS, will be utilized to provide TA to regional staff as components of that legislation are implemented.

Similarly, DCFS will access TA to support our efforts to achieve the goals and objectives of the CFSP, as needed. Support will continue from the Capacity Building Center for States as we proceed to finalize Utah's PIP, which is also closely associated with CFSP goals. In addition, TA will be accessed from the Children's Bureau and from partner organizations, such as Casey Family Programs, or from other states, particularly around goals and objectives related to FFPSA implementation. Department and Governor's Office TA will support Operational Excellence goals and objectives.

### *APSR Technical Assistance Update*

Casey Family Programs and Childrens Bureau webinars have been primary sources of technical assistance. Additionally, the Childrens Bureau Regional Office provided significant technical assistance through the implementation of congregate care and prevention program provisions of the Family First Prevention Services Act. With the Division's Operational Excellence initiative, some assistance was received from DHS Operational Excellence liaison. The state office has continued to provide ongoing support to regions for the Strengthening CPS and MAP Operational Excellence initiatives. This support will continue for the foreseeable future.

### *Evaluation and Research Activities*

DCFS is currently partnering with local universities on a number of research projects that relate to the CFSP. For example, studies are underway of an in-home parent skills-based training program and a kinship navigator program, which DCFS hopes will meet a level of evidence through the Prevention Services Clearinghouse so they can be implemented as an enhancement to Utah's service array and supports to kinship caregivers. Another study is helping DCFS analyze child fatalities and near fatalities, which supports the plan requirements under FFPSA. An additional study is analyzing the CARA components of the Child Abuse Prevention and Treatment Act, so we can determine how to strengthen supports to children born to mothers using substances. Additional evaluation activities are helping with in-depth analysis of foster care, such as conditions leading to foster care that will inform our efforts to keep children safely at home and reduce the time children are in foster care.

### *APSR Evaluation and Research Activities Update:*

Several research and evaluation activities related to implementation of the Family First Prevention Services Act are underway. First, an evaluation is being conducted of an in-home parent skills-based training program that was utilized as part of Utah's Title IV-E waiver. The purpose of this evaluation is to determine if the program can meet evidence-based criteria required under the FFPSA Prevention Program. The study will primarily utilize SAFE (CCWIS) administrative data to measure outcomes for the treatment and comparison groups. The study design is in the development phase.

Second, an evaluation is being conducted of Grandfamilies, a kinship navigator program. The purpose of this evaluation is to determine if the program can meet evidence-based criteria required under FFPSA kinship navigator provisions. (See Kinship Navigator Funding section.)

In addition, the University of Utah SRI is developing evaluation strategies and will conduct required evaluations for Title IV-E Prevention Program evidence-based services. SRI is also conducting independent systematic reviews of research for potential evidence-based programs for inclusion in Utah's Title IV-E Prevention Program plan.

Other evaluation activities underway include data specific research for more indepth analysis of foster care. Examples of areas of focus have included teaming, reasons children entered fostercare, and factors contributing to extended foster care stays.

Two research projects have been completed. First is a study helping DCFS analyze child fatalities and near fatalities. Data from this study informed the development of Utah's comprehensive Child Fatality Prevention Plan. Another completed research project helped DCFS analyze the Comprehensive Addiction and Recovery Act components of the Child Abuse Prevention and Treatment Act. Results from this study helped to inform how to strengthen supports to children born to mothers using substances.

## **Implementation Supports**

Implementation supports are critical components of an implementation science approach to program improvement. As each goal and objective is addressed under the CFSP, specific implementation supports and timeline for completion of those supports will be identified. These supports may include staffing capacity, training and coaching, financing, data systems, policies, physical space, and memoranda of understanding with tribes, other agencies, and organizations.

## **IV. QUALITY ASSURANCE SYSTEM**

*APSR Quality Assurance System: This section of the APSR is new.*

### **Overview**

DCFS is a continuous quality improvement (CQI) agency committed to elevating the effectiveness of child welfare services and improving outcomes for children and families. CQI is a foundational part of the Division's work in implementing new programs and practices to help keep children safe and strengthen families. DCFS has maintained a Quality Assurance (QA) review process for over 20 years to evaluate, monitor, and adjust its system in a way that helps children and families be successful.

## Enhancements in CQI/QA Capacity

DCFS continues to expand the Division's CQI capacity to directly promote its overall mission, vision, and values. In October 2019, Division Administration created the Continuous Quality Improvement Team to lead the Division's CQI and QA work. The team includes two Program Administrators with extensive child welfare and CQI/QA experience. The CQI team helps ensure CQI processes are aligned with agency goals and desired outcomes. In addition, there are regional practice improvement coordinators in every region that conduct continuous quality improvement tasks in their regions and collaborate with the state CQI team. The CQI team works closely with the Office of Quality and Design, which is in charge of conducting the following reviews: Quality Case Review (QCR), Child and Family Services Review (CFSR), and Case Process Review (CPR).

The CQI team is responsible for developing individualized CQI plans for Division projects and initiatives, as part of the Division Project Management Team. This is done in collaboration with the Program Development and Implementation and Region Support Teams through utilization of Implementation Science principles. Individualized CQI project plans also include collaboration with the Data Analytics team, which utilizes data-driven processes for setting goals, planning, implementing and measuring whether the project or initiative is producing the desired result. This process enhances the Division's ability to perform data and trends analysis and help produce meaningful reports that are actionable.

Utah has adopted a CQI model based on the four fundamental phases: Plan, Do, Study, and Act (PDSA) to evaluate the implementation and effectiveness of every new agency project. An important element of that approach includes the rigorous use of evidence. As a result, each individualized project CQI developed includes tracking and data reporting mechanisms to measure progress. Several new project-specific data reports have been created by the Data Analytics team, which allows for deeper analysis including fidelity, effectiveness, and outcomes of an initiative.

The CQI team also serves as Division representatives in collaborating with other states and jurisdictions as part of the national child welfare CQI/QA community. This collaboration assists in developing and disseminating best thinking regarding continuous quality improvement processes in child welfare, including sharing emerging ideas and established processes between states and jurisdictions. For example, the team represents DCFS as a member of the federal Capacity Building Center for States' CQI/CFSR Managers constituency group. Team members also participate on the Casey Family Programs Child Welfare Data Leaders (CWDL) Continuous Quality Improvement Subgroup and the Casey Family Programs CWDL CQI Federal Subgroup, which includes the development and communication of recommendations for refinements to federal CQI processes.

## Using CQI/QA to Revise Goals and Interventions

DCFS has a well-established rigorous CQI/QA review process for evaluating the quality of services provided to children and families. These CQI/QA processes identify areas in which the state is performing well and areas of need in which there are opportunities for practice improvement. Each of the CQI/QA reviews includes a comprehensive report that allows for monitoring and tracking specific items by office, region, and state. Each of the formal CQI/QA reviews are conducted by the DHS Office of Quality and Design (OQD), in collaboration with DCFS.

Utah's three primary CQI/QA reviews include:

- The Case Process Review (CPR), which measures compliance with policy, state statute, and federal law. The CPR results in quantitative data indicating how often documentation provides evidence of tasks completed.
- The Qualitative Case Review (QCR), which is an interview-based outcomes-focused review that measures outcomes for children and families and provides a qualitative assessment of DCFS services. QCR assesses both internal DCFS practice as well as system functioning, which can include schools, courts, and other external agencies.
- The State Child and Family Services Review (CFSR), approved on December 19, 2019, is part of Utah's CFSR Program Improvement Plan (PIP). These reviews measure Utah's performance on the CFSR outcomes and systemic factors. Utah's PIP directly targets outcomes and system factors that were identified as not having achieved substantial conformity in the final report from the CFSR on-site review in July 2018.

## Using CQI/QA to Measure Progress

Utah's CQI/QA reviews are designed to help measure the quality of services by determining the impact those services have on child and family outcomes and functioning and the effectiveness of processes and practice.

Utah's QCR, CPR, and CFSR provide systematic monitoring and evaluation in a way that generates outcome measures that track progress and performance over time. This helps to identify areas of the system performing well. It also helps to identify areas needing practice improvement. Each of these measures include standards of quality that help gauge system performance.

The federal Onsite Review Instrument (OSRI) is the key instrument in the state's CFSR Case Review Process. The OSRI instrument and instructions are used to guide reviewers in their information gathering on items necessary to complete CFSR case review. Information gathered from case-specific interviews of key informants and a review of the case record is entered into the Online Monitoring System (OMS). On January 1, 2020, Utah began the PIP baseline year.

## Feedback Loops

Providing feedback and obtaining feedback are essential elements of Utah's CQI/QA processes. The feedback loops help promote circular feedback and communication among all levels of the agency, external stakeholders, and decision-makers. This includes sharing data and information associated with change initiatives as well as QA reviews of practice and child and family outcomes.

One way DCFS receives feedback from community partners and stakeholders is through QCR Stakeholder interviews. As part of the QCR process, OQD interviews community stakeholders, community agencies, and representatives from all levels of DCFS Region staff. OQD uses the CFSR Stakeholder interview guide to facilitate the QCR Stakeholder interviews. Findings and conclusions from the stakeholder interviews look for trends or themes at the local or state level that can then be used to help shape current initiatives or future project planning.

Utah's CQI/QA process highly values frontline caseworkers and supervisors as the true "experts" in the work and relies on them for their feedback. To bolster the CQI process, frontline caseworkers and supervisors are actively engaged in assessing the outcome of practices, programs, and policies, and making adjustments. Each of the CQI plans developed for individual projects contain a mechanism for ongoing surveys and feedback sessions from frontline caseworkers and supervisors to assess how the project is performing and the impact on staff. Adjustments can then be made based directly on the identified needs from frontline staff. Through focus groups, frontline caseworker and supervisor input is also routinely gathered as part of the QCR review in each of Utah's five regions. Reviewers also meet with individual caseworkers at the end of the case review to provide feedback.

The findings of two key QA processes, the QCR and CPR, are reported annually to key oversight stakeholders, including the Child Welfare Legislative Oversight Committee, the statewide Child Welfare Improvement Council (CWIC), and regional Quality Improvement Committees (QIC). This is an important source of data and information for the committees to be able to provide oversight and make recommendations to DCFS. The CWIC includes representatives from partner agencies, community members, legal partners, community service providers, foster parents, foster care alumni, medical service providers, business owners in the community, and DCFS administration. The CWIC uses the QA information provided to them to make recommendations to region and state office administrators about child welfare system practice. The CWIC has been involved with the development of the PIP and will also be involved with implementation. DCFS also has a great working relationship with the Utah Court Improvement Project (CIP) and asked this committee to explore and coordinate issues regarding permanency and other court challenges related to the CFSR findings. Members of the CWIC, QIC, and CIP are regularly encouraged to participate in the QCR review process as co-reviewers. Many members participate in the reviews, which strengthens their involvement in the CQI process.



## **Sustaining the State CFSR Case Review Process**

Utah's CFSR PIP and measurement plan were approved on December 19, 2019. This includes the State case review process for CFSR purposes. The CFSR review process was connected to Utah's long standing QCR review process in which cases are formally reviewed in each of the regions throughout the year. A sample of QCR cases are also selected to be reviewed as CFSR cases to assess statewide practice performance.

Utah has demonstrated the ability to sustain this process, even during a time of crisis. For example, during the current COVID-19 pandemic, the QCR review was suspended in two regions due to travel and other practice restrictions. During this same period, the internal CFSR review for those two regions occurred remotely and was completed with full integrity to the review process.

Utah has maintained a sufficient pool of trained or certified CFSR reviewers, which contributes to the sustainability of the internal review process. DCFS and OQD continue to plan how to further expand the pool of effective CFSR reviewers. The sustainability of Utah's case review process is further bolstered by the case QA processes for ensuring accurate and consistent case review ratings. Initial case QA is conducted by OQD and the DCFS CQI Team. The QA individuals have completed the online CFSR state training and have had ongoing practice in QA on the OSRI. Most have participated in the onsite CFSR as site leads or QA staff. Additionally, a QA event is scheduled within three weeks of the review week to resolve all outstanding case QA notes by the entire QA group. The group will review the questions and comments from the initial QA. The CFSR reviewer(s) assigned to the case will generally participate in the QA event. These individual and group QAs assist with interrater reliability and accuracy in rating.

## **V. UPDATE ON SERVICE DESCRIPTIONS**

### *APSR Update Service Descriptions*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report, with the exception of the service description for Kinship Care, which is included below.

### **Child and Family Services Continuum**

The publicly funded child and family services continuum includes the services listed below. These services are further described in the Service Description section.

- Child Abuse Prevention Services, including but not limited to local family support centers/crisis nurseries, are provided through community-based organizations and funded with CBCAP funds, Children's Account (Children's Trust) funds, and state general funds.

- Child Protective Services Intake and Assessments to respond to reports of abuse or neglect.
- In-Home Services, provided to families in response to the occurrence of child abuse and neglect, includes case management, family preservation, family support activities, and in-home parent skills based training services. In-home services allow for access to mental health and other wrap services.
- Foster Care Services, which includes case management, foster family homes, and also includes contracted services such as child placing foster care, residential treatment, and may include mental health services for children in care and other wrap services.
- Kinship Care includes case management, and includes care of children in foster care as licensed or unlicensed foster parents or care of children who are under custody and guardianship of a kin caregiver, and may include mental health and other wrap services. Kinship care may be a component of in-home or foster care services.
- Reunification Services are considered part of foster care and include case management. Reunification may include access to in-home parent skills-based training services as well as access to mental health and other wrap services for parents. Reunification services are considered a component of foster care services.
- Adoption and Guardianship Services provide subsidies and supports to adoptive parents and guardians of children who have been in foster care.
- Transition to Adult Living Services are provided to youth in foster care as well as former foster youth, and include both Chafee Services as well as Education and Training Vouchers.
- Domestic Violence Services are also under DCFS responsibility, and are closely related to child welfare services. These services include domestic violence shelters and other community-based supports.

## **Service Coordination**

DCFS coordinates services with partners in a variety of ways. DCFS state and regional staff have strong state and local level partnerships and coordinate services both within and outside of the Department of Human Services (DHS). Within DHS, DCFS partners with the Division of Juvenile Justice Services and with the Division of Services for People with Disabilities for services for youth. DCFS also partners and coordinates services with the Division of Substance and Mental Health for services for children and adults, and will continue this partnership in development and implementation of services under FFPSA. Additional state level Abuse public and private agency partners include Department of Workforce Services, where we coordinate access to Medicaid eligibility and specified relative grants for kinship caregivers, Medicaid in coordinating services for children and adults for behavioral health and medical services for children in foster care and for families served in the home. Other partners include United Way for development of a DHS specific portal in 211 and for Help Me Grow, Prevent Child Abuse Utah and other prevention services providers in the community for supportive services for families; the Association of Families Support Centers to coordinate crisis nursery and family support services, Youth

Provider's Association for placement and mental health services for children in custody as in-home services, Domestic Violence Coalition for shelter and support services to victims of domestic violence and their children, and the State Office of Education for coordination of educational services for children in foster care. DCFS actively partners with the CJA grantee and serves as a member of the CIP committee and works closely and frequently with CIP staff. DCFS also coordinates with a variety of educational, medical, and community service partners as vital members of Child and Family Teams for individual families.

## **Service Descriptions**

### **Prevention Services**

Prevention of child abuse and neglect is a focus of DCFS through the support of community programs. Significant efforts are being made to align operation of community-based child abuse and neglect prevention programs across the state. Overall, the focus is on utilizing prevention best practices through integrating protective factors into programs and communities, sufficient infrastructure, connection to the prevention network, including and empowering parents and hearing parent voice, professional development and technical support, evaluation and data, and policy. Particular effort is being made to focus on special populations, including but not limited to youth at risk of homelessness and tribal communities. Prevention services funded through contracts include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 14 crisis nurseries in local Family Support Centers across the state.

### **Child Protective Services**

Child Protective Services is a short-term intervention to assess children's safety in response to reports of abuse, neglect and/or dependency and to initiate interventions, when needed. Services are provided to keep children in the home and families intact whenever safely possible. The primary purpose of Child Protective Services (CPS) is to assess the child's safety. CPS will also assess future risk of abuse and/or neglect for the child, and gather information about the strengths and needs of the family. This allows the caseworker, family, family supports and community professionals to determine what services, if any, will be the most effective in ensuring safety and reducing risk for the child. When a report alleging child abuse and neglect is made to the 24-hour intake hotline, intake caseworkers and supervisors determine if the report meets the statutory definition of child abuse, neglect or dependency that requires a formal CPS assessment. The CPS assessment will include the following:

- Interviews with the child, the child's parent(s) or guardian(s), and alleged perpetrator(s).
- Contact with the individual who made the initial report of abuse or neglect, any friends, relatives, or professionals that may provide relevant information regarding the family.
- A visit to the family's home.

- A review of any necessary documents, including DCFS case history, medical reports, and police reports, etc.
- At the completion of the CPS assessment, a finding for each allegation on the case will be made and a determination made about the need for continuing services to maintain child safety.

## In-Home Services

A primary value for Child and Family Services is that children should remain in the home whenever safely possible. In-Home Services keep children who have been assessed to be at risk of abuse and neglect safely with their families, when safety concerns can be addressed. In addition to case management, examples of services provided may include parent supports, child safety plan development, parenting skills training, conflict resolution and problem solving skills training, protective factors education, and linking the family to community resources such as mental health or substance use treatment services. Services may be provided voluntarily or through court order and may vary in intensity based on family need.

## Foster Care and Reunification Services

Foster Care is a temporary intervention for children who are unable to remain safely in their homes. Once a child is placed in the custody of Child and Family Services, the goal is to provide a safe, stable and loving environment until children can be safely reunited with their family. DCFS must consider placement with a non-custodial parent, relative, friend or former foster parent before considering other placements. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.

DCFS utilizes an evidence-based assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child and also identifies needs for services for the child and parents or other caregivers. Foster care placement may include foster family homes licensed by the DHS/ Office of Licensing (OL), which are most often used; child placing foster care or proctor care when foster family homes are not available or when siblings of a child in proctor care are placed together. Children with severe emotional or behavioral difficulties that cannot be cared for in traditional family settings because of a need for more intensive supervision and treatment may be placed in residential treatment programs through contracts with licensed providers.

Reunification services for parents or other primary caregivers may include referral for community based services such as mental health or substance use disorder treatment, parenting skills training, and other skills development and supports. Parents may also receive

transportation supports or assistance to obtain public benefits, housing supports, educational services, domestic violence services, or assistance with other needs to help them prepare to have children safely return home.

## Kinship Care

The first priority for DCFS is to maintain a child safely at home. If a child cannot safely remain at home, kinship care has the potential for providing the elements of permanency by virtue of the kinship caregiver's knowledge of and relationship with the family and child. Kinship Care allows a child to stay in the care of a family member or friend who is willing to meet the child's needs, including working with the child's parents or guardian so the child can return home, or providing a permanent home for the child, in the event the child cannot return home.

When selecting a placement for a child in the custody of DCFS, preferential consideration is given to Kinship Care, which includes a noncustodial parent, relative, or friend of the parent or guardian, as established in law and subject to the child's best interests. The Division makes active efforts to locate and engage potential kinship caregivers for placement and to build and sustain family connections for the child.

In cases where reasonable efforts to reunify the child and parent are not successful, custody or adoption by a kinship caregiver is pursued. Kinship placements can include relatives and non-relatives, if the non-relative is a friend of the family. A relative is an adult who is a grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, or sibling of the child, or relative as defined by ICWA. A friend is an adult the child knows and is comfortable with. A friend does not meet the definition of a relative of the child as defined in Utah Code 78A-6-307, and may be an extended relative of the child that is not included in the definition of relative. Child and Family Services will consider placement with a friend if one is designated by the custodial parent or legal guardian of the child, or the child has designated a friend for placement and is of sufficient maturity to articulate their wishes regarding placement.

## Transition to Adult Living (TAL)

Transition to Adult Living (TAL) services are delivered to youth who have experienced foster care at age 14 or older, and are described in detail in the Chafee section of the plan. TAL services focus on:

- Transitional services
- Building meaningful, permanent connections with a caring adult
- Developmentally appropriate activities
- Positive youth development
- Experiential learning opportunities

TAL provides these youth with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts. Former foster care recipients between 18 and 23 years old are eligible for Chafee aftercare services, if they were adopted or obtained legal guardianship after their 16th birthday or aged out of foster care between the ages of 18 and 21.

## **Adoption and Guardianship Services**

All children deserve safety and a permanent and loving family. When children are unable to safely return to their parent(s), adoption and guardianship services are used to find a family that meets the needs of the child. Adoption Services support children who cannot reunify safely with their family. Children may be adopted by relatives, families who fostered them, or other families seeking to provide a loving home for the child, or may receive supports through permanent custody and guardianship. Children who are adopted may receive adoption assistance or guardianship assistance.

## **Domestic Violence Services**

Domestic violence causes harm to both adults and the children who are exposed to it. Children and families experiencing domestic violence may receive services through both child welfare programs and domestic violence programs. The safety, permanency and stability of children will be enhanced through the provision of trauma informed, sensitive services to their parents. Domestic Violence Services funding is provided through DCFS to help support domestic violence shelters and outreach services, therapy for those who have been affected, education, and other resources, including the state's domestic violence hotline: 1-800-897-5465.

## **Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Part 1)**

### *APSR Stephanie Tubbs Jones Child Welfare Services Program Update*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report, with the exception of Services for Children Adopted from Other Countries, and these updates are listed below.

## **Services to be funded under IV-B Part 1**

Title IV-B Part 1 funds will be utilized for services described under Services Descriptions, particularly to support a range of casework activities the support at-risk families through services which allow children to remain safely with their families or return to their families, where appropriate; to promote safety, permanence, and well-being of children in foster care and

adoptive families; and promoting child safety, strengthening of protective factors within families, and preventing neglect, abuse, and exploitation of children.

### Services for Children Adopted from Other Countries

Utah passed new legislation in 2017 to better address the needs of children adopted from other countries. Pre-placement training is now required for adoption parents and includes how trauma and fetal drug and alcohol affects a child's development and consequent behaviors. DCFS coordinates with private adoption agencies to help them identify parent training and community treatment options.

As special needs arise, DCFS provides adoptive families who have adopted children from other countries with referrals to appropriate community resources. If a family is struggling and the adopted child is at risk of coming into foster care, DCFS will provide in-home services. Services include a clinical assessment and any of the family preservation services included as part of In-home Services. DCFS can also help the parent assess mental health support or residential treatment options that meet the parents' income needs or are available through private insurance.

Parents with children adopted from another country can access the [www.utahadopt.org](http://www.utahadopt.org) website 24-hours per day. The website is updated regularly and contains a number of beneficial resources, including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to intercountry adoptions. Parents of children adopted from other countries are also invited to attend annual adoption conferences. Numerous workshops focus on cultural sensitivity and all are relevant to families adopting children from other countries.

### *APSR Services for Children Adopted from Other Countries Update*

Efforts are currently underway to compile a list of health insurance carriers that can be provided to private and international adoptive families for potential access to health services. FFY 2019 data is presented in the table below.

Children Adopted from Other Countries Who Entered Foster Care FFY 2019				
Child Number	Placement Agency	Country of Origin	Reason for Disruption/Dissolution	Status/Plan for the Child
1	Unknown	Ukraine	Neglect	Reunification with Parent(s)/Primary Caretaker(s)
2	For Every Child	Africa	Dependency	Guardianship (non-relative)
3	Unknown	Ukraine	Neglect	Reunification with Parent(s)/Primary Caretaker(s)
4	Unknown	Ukraine	Neglect	Reunification with Parent(s)/Primary Caretaker(s)
5	Unknown	Ukraine	Abandonment	Reunification

## Services for Children under the Age of Five

### *APSR Services for Children under the Age of Five Update*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. FFY 2019 data is presented in the tables below.

DCFS seeks to actively address the developmental needs of all vulnerable children under age 5 who are receiving Title IV-E or Title IV-B in-home or community-based services.

An assessment of developmental needs is completed for every child receiving in-home and foster care services using the Utah Family and Child Engagement Tool (UFACET). The UFACET is a CANS-based assessment completed with the family early in the case to identify needs that guide the development of the child and family plan and service interventions. Each child in the home is assessed individually. Updated UFACETs are used to track the child's progress over time.

Every UFACET includes a developmental item that is rated individually for each child. The developmental item is a screener question. When it is scored as needing action or needing immediate action, there are further breakout questions that service answered. The breakout questions further assess the child's cognitive, developmental, and communication needs: (1) cognitive development such as intellectual functioning in areas of focus, reasoning, thinking and perception; (2) developmental delays such as Down's syndrome, autism, or physical impairments; (3) communication such as receptive and expressive communication or the ability to speak, write or sign to communicate.

When a developmental item on the UFACET has been identified as an area needing action, a referral is made for a more in-depth assessment and service. Further assessments may include an Ages and Stages Questionnaire (ASQ), medical testing, IQ testing, or neuropsychological evaluation. Based on the UFACET and the follow up assessments, the child will be connected to intervention services such as Headstart, Division of Services for People with Disabilities (DSPD) or other community-based early intervention programs. If the assessed need negatively impacts the child's school performance, the caseworker will engage the child's education team for creation of an Individualized Education Program (IEP) or Behavior Education Program (BEP) to meet the child's needs.

Practice guidelines address timeliness of the initial assessment of child's developmental needs as well on ongoing assessment of the child's progress through timeframes for completion, which include:

- Prior to finalization of an initial or subsequent Child and Family Plan.
- When there are changes in the family that make it necessary for modification of services provided to the family.



- Prior to case closure, unless one has been completed within the last 30 days.

Utah's Practice Guidelines also require that any UFACET item identified as needing action will be incorporated and addressed in the Child and Family Plan.

For children who enter foster care, additional screening tools, the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) are used to follow the developmental progress for children under age five. Primary care physicians follow developmental progress for infants. Foster parents of children four months to five years of age receive an ASQ and ASQ-SE to be completed based on the following schedule of the child's age: 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months. The ASQ and ASQ-SE are used for children 4 months to 36 months to determine the need for further developmental/mental health assessment. For children ages 37 months to 60 months, the ASQ and ASQ-SE are used in determining the need for further mental health assessment. The ASQ and ASQ-SE are completed with the child by the current out-of-home caregiver. Upon completion, the questionnaires are sent back to the Foster Healthy Children (FHC) nurse to be scored. If a child scores below the recommended level, FHC staff coordinate a referral for appropriate services.

DCFS actively seeks to reduce the length of time that young children under age five are in foster care and without a permanent family. Utah defines a "child without a permanent family" as a child in DCFS custody whose parents rights have been terminated by court order. Efforts are made to reunify children with their parents as early as is safe for the child. At the same time that workers provide reunification services, they also identify a concurrent permanency goal, which includes active efforts to identify a permanent family for the child in the event that reunification is not successful.

In order to gain permanency for a child under five whose parents' rights have been terminated and for whom a permanent family has not been identified, a permanency worker, with the assistance of the placement committee, will:

- Ask the child's caretakers at his or her placement if they want to adopt the child, if the caretaker has not already committed to adopting.
- Seek kin that may want to pursue a kinship adoption.
- Survey licensed foster-to-adopt families for their interest in adopting the child.
- List the child on the Adoption Exchange website.
- Place information about the child on the AdoptUSKids website.

The tables below display demographic, permanency goal, and permanency outcome data for children under age five served through foster care or in-home services.

Gender of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)					
Gender	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Male	756	766	828	828	812
Female	701	758	813	801	743
Total Children Under Five	1,457	1,524	1,641	1,629	1,555

Race and Ethnicity of Children Under Five Served in Foster Care and In-Home (PSC, PSS, PFP, PFR)										
Race	FFY 2015		FFY 2016		FFY 2017		FFY 2018		FFY 2019	
	Count	Percent	Count	Percent	Count	Count	Percent	Count	Percent	Count
American Indian or Alaska Native	50	3.4%	51	3.3%	75	4.6%	92	5.6%	76	4.9%
Asian	10	0.7%	10	0.7%	13	0.8%	18	1.1%	18	1.2%
Black or African American	73	5.0%	93	6.1%	105	6.4%	92	5.6%	102	6.6%
Multiracial, Other Race Not Known	22	1.5%	35	2.3%	34	2.1%	29	1.8%	34	2.2%
Native Hawaiian/ Pacific Islander	23	1.6%	21	1.4%	19	1.2%	23	1.4%	33	2.1%
Unable to Determine	2	0.1%	4	0.3%	3	0.2%	2	0.1%	6	0.4%
White	1360	93.3%	1395	91.5%	1494	91.0%	1474	90.5%	1406	90.4%
Total Children Under Five	1,457		1,524		1,641		1,629		1,555	
Hispanic Origin or Latino	278	19.1%	308	20.2%	339	20.7%	329	20.2%	371	23.9%

Permanency Goal for Children Under Five in Foster Care on the Last Day of the Federal Fiscal Year										
Permanency Goal	FFY 2015		FFY 2016		FFY 2017		FFY 2018		FFY 2019	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Reunification	437	72.4%	486	73.4%	505	67.6%	471	71.4%	413	67.6%
Adoption	162	26.8%	175	26.4%	242	32.4%	187	28.3%	194	31.8%
Guardianship (non-relative)	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guardianship with Relative	4	0.7%	4	0.6%	3	0.4%	4	0.6%	4	0.7%
Total Children Under Five	604		662		747		660		611	

<b>Permanency for Children Under Age Five</b> <b>Percent Exiting by Permanency Reason and Average Months in Custody</b>								
	Reunification		Custody/ Guardianship to Relative		Adoption		Other	
FFY	Percent	Average Months	Percent	Average Months	Percent	Average Months	Percent	Average Months
2015	39.1%	10	16.4%	4	42.2%	14	2.4%	3
2016	40.7%	10	14.8%	4	42.5%	13	2.1%	3
2017	40.3%	10	12.8%	5	45.0%	14	1.9%	3
2018	39.8%	10	7.6%	5	49.7%	14	2.9%	4
2019	47.8%	10	12.2%	6	36.7%	15	3.2%	3

When parental rights are terminated and a child in custody under age 5 becomes eligible for adoption, the median length of time it takes for the child to be adopted is 14 months. If reunification is the appropriate permanency goal, the average time it takes a child to be reunified with his or her parents is 11 months. When a kinship placement becomes available, the median time for a child to be placed with relatives is 5 months.

## Efforts to Track and Prevent Child Maltreatment Deaths

### *APSR Efforts to Track and Prevent Child Maltreatment Deaths Update*

This update is addressed throughout the below summary.

### *Steps to Compile Complete and Accurate Information on Child Maltreatment Deaths Reported to NCANDS*

DCFS obtains information on child maltreatment death through a variety of sources. DHS Office of Quality and Design conducts fatality reviews on clients served by DCFS. The DHS Fatality Review Coordinator gathers information on child deaths through the Department of Health Certificates of Death for all children between the ages of birth and 21 years who die in the State of Utah. The Fatality Review Coordinator determines if the deceased child or their families have received services through DHS within 12 months of the child's death. All deaths that meet these criteria are reviewed, regardless of whether they were due to maltreatment or a natural or accidental death. The Fatality Review Coordinator also gathers additional information on fatalities from the Department of Health death reviews, the Office of the Medical Examiner, and the Office Vital Records and Statistics.

If DCFS becomes aware of a child fatality or near-fatality, it sends notice to the DHS Fatality Review Coordinator within 7 days. If a child is in DCFS custody but residing in a placement outside of Utah, it is expected that the caregiver will inform DCFS of the death or the ICPC or courtesy worker in the receiving state will notify DCFS of the death. When notified, the

caseworker or ICPC Administrator completes a Deceased Client Report and submits it to the Fatality Review Coordinator for review.

The CCWIS system includes a data field where information is entered indicating a child died by maltreatment. These entries are reviewed quarterly for accuracy and submitted to the Fatality Review Coordinator to ensure notification has been made. Any entries that appear questionable are reviewed by a program expert who may consult with the worker and/or supervisor to determine if the entry is accurate.

DCFS historically has not had a process for capturing and reporting child maltreatment fatalities if there were no surviving siblings and/or no history with the agency. The Fatality Review Coordinator will begin recording and sharing this data with DCFS, so this information can be added to the agency file and be appropriately reported in the NCANDS submission.

The Fatality Review Coordinator has also begun regularly following up with the Medical Examiner's Office and/or law enforcement on fatalities in which the manner of death was pending a final report from the Medical Examiner or there was an ongoing investigation by law enforcement. The Fatality Review Coordinator will notify the DCFS Safety Administrator if the coordinator obtains confirmation that a prior death was due to maltreatment. This information will be reported in the agency file as part of the NCANDS submission.

### *Steps to Develop and Implement a Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities*

#### DHS Fatality Prevention Workgroup

The Department of Human Services created a workgroup to review current practices and develop recommendations for Utah's Plan to Prevent Child Maltreatment Fatalities, Near-Fatalities & Death by Suicide. The workgroup recommended several improvements, which have been incorporated into the overarching plan to improve safety assessments and interventions and to engage the larger child welfare system to improve outcomes.

#### Improvements to the DHS Fatality Review Process

The DHS Child Fatality Review Committee (CFRC) has a plan for improvements to the review process. Information on the current process and planned improvements are listed below.

All child deaths in which DCFS services have been provided within the past 12 months are reviewed by CFRC, which is led by a Fatality Review Coordinator housed within DHS Office of Quality and Design.

The Fatality Review Coordinator examines a number of documents when reviewing each death. These include:

- Autopsy reports.
- Deceased client reports provided by divisions within DHS.
- Office of the Medical Examiner infant/child death notices.
- Child death decedent information reports provided by the University of Utah Medical Center.
- Newspaper obituaries.
- Police/Sheriff reports, when applicable.
- The decedent's case file.

The Fatality Review Coordinator prepares a summary of the case, which is provided along with the information listed above to members of the CFRC. The CFRC is a multidisciplinary review team that has representatives from law enforcement, Safe and Healthy Families (child abuse and neglect pediatrician), Office of the Guardian ad Litem, Office of the Attorney General, Risk Management, program experts, region/state administration and the DCFS Safety Administrator. The DCFS Safety Administrator attends each review and ensures the child's date of death, demographic information, risk factors, perpetrator relationship and other relevant data has been correctly entered into the DCFS CCWIS system. Confidentiality forms are being updated and reviewed by legal counsel. New forms will be signed by all committee members prior to participation.

The fatality report is reviewed and case practice is analyzed by the CFRC to determine if there are areas for improvement within the agency or child welfare system. Reports are forwarded to the appropriate DHS agency for review and response to recommendations made by the committee.

The CFRC plans to begin formally training all new and current fatality review members. This training will be required prior to participation on the committee. This will better assure members understand the objectives of the review and to help support an analysis of the full child welfare system that may have interacted with the child and family. The training will also help members understand the review should be focused on identifying areas for systemic improvement. Training is scheduled to be completed for all staff by September 2020.

The CFRC also recently expanded its purview to include a review of near fatalities. Near fatalities are brought to the attention of the CFRC through notification from frontline workforce through a critical incident notification or through a report run from the SAFE information system upon case closure.

In SFY 2019, OQD began scheduling regular systemic reviews. The purpose is to provide an opportunity for members of the CFRC to dive deeper into systemic barriers or gaps emerging as concerns in fatality reviews. This will provide an opportunity for further analysis and exploration of ways to positively influence prevention strategies. At each meeting, DCFS will provide an

update on actions taken and follow through on CFRC's recommendations to strengthen the feedback loop. OQD maintains a database that includes all recommendations made to DHS agencies and tracks implementation.

OQD and DCFS consulted with a leading expert in safety science to explore other ways to improve and enhance the effectiveness of Utah's Child Fatality Review process. DHS has also contracted with the Social Research Institute through the University of Utah to conduct a retrospective review of all fatalities for the past 5 years. This review was completed at the end of summer 2019. Information from this review was shared as part of the quarterly CFRC Systemic Review. The retrospective review results were provided to DCFS administration in October 2019. The review results were shared with additional DCFS leadership and continue to be a resource for the Division, as further discussions are held regarding child fatalities. OQD and DCFS have also begun training all DCFS staff on the Collaborative Safety model. Training is expected to be completed by September 2020 and the new process will go into effect by October 2020.

OQD is reviewing the Memorandum of Understanding (MOU) with the Department of Health Death Review Committees to ensure appropriate agreements are in place to support a robust process for data sharing. The Fatality Review Coordinator and DCFS representatives participate on DHS Death Reviews where information from each agency will be shared.

DCFS has provided the lists of attendees that participate in the Department of Health Death Review Committees to the Utah Attorney General's Office for review. The attorneys are reviewing the list to determine what information DCFS can provide at these committee meetings.

A report is published yearly by OQD that provides data on CFRC. The report is posted on the DHS website for public review.

#### *Additional Committees that Review Fatalities and Recommend Systemic Improvements*

OQD produces an annual report that is shared with the public and is presented to the Child Welfare Legislative Oversight Panel (CWLOP) at a special legislative hearing. Panel members receive copies of the fatality and near-fatality reviews for the past fiscal year. The hearing is closed to the public while time is spent discussing cases, answering questions and reviewing recommendations from the panel.

In response to recommendations from the CWLOP, the CFRC is expanding its view of accidental deaths to explore whether these are more appropriately viewed as neglect deaths. Additionally, DCFS is piloting the use of a new "toolbox" of resources for Child Protective Services workers to offer families in an effort to prevent accidental or unintentional fatalities. This includes providing families with lockboxes for ammunition or medication, gun locks, and baby boxes for parents of newborns that include safety supplies such as a bath thermometer and safe sleepwear.

During FFY 2019, DCFS implemented the new “toolbox” statewide. Child Protective Services workers throughout the state are now able to offer families lockboxes for ammunition or medication, gun locks, and baby boxes for parents of newborns. In addition to offering a baby box to a family, the Child Protective Services workers are required to complete a safe sleep assessment for all infants in the home and educate parents on safe sleep.

DCFS responded to concerns regarding an increase in youth who die by suicide through the expansion of when to use the suicide screener. By the end of calendar year 2019, caseworkers were equipped to conduct a suicide screener on all children age 10 and older who are involved in a Child Protective Services assessment. In addition to the suicide screener completed by the Child Protective Services worker, the screener is required to be completed during the ongoing caseworker’s first home visit. The screener must also be completed in conjunction with the Utah Family and Children Engagement Tool (UFACET), which is required to be updated at least every six months. Finally, the suicide screener is also completed whenever there is a concern that a child is experiencing suicidal ideations.

A Continuous Quality Improvement (CQI) plan was developed to ensure the screener is being used to fidelity. Monthly data reports are provided to DCFS program managers throughout the state indicating which cases did and did not have a suicide screener completed. Program Managers are expected to review the information with their staff to ensure compliance with the practice. In addition, the CQI administrator and other selected DCFS administrators conduct monthly quality assurance checks on randomly selected cases.

## **Promoting Safe and Stable Families Program (PSSF) (Title IV-B, Subpart 2)**

### *APSR Promoting Safe and Stable Families Program Update*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report. FFY 2019 data is presented in the tables below.

### **PSSF Service Descriptions**

#### *Family Preservation Services*

Family Preservation Services help parents safely care for their children in the home as well as help stabilize families with children who have returned home from foster care. The majority of Family Preservation Services funding is allocated to the five DCFS regions, which in turn use funds to increase the number of family preservation staff available in the region or to provide flexible funding to families requiring services or supports that help those families keep their children safely in their homes.

Examples of services paid for using these flexible funds include:

- Mental health and substance abuse treatment and post-treatment supports.
- Wrap-around services that address mental health and educational needs.
- Funding for transportation of family members to school, work, or medical appointments.
- Short-term housing supports, including deposits, rent payments, or utilities.

Family Preservation Services funding is also used to support an In-home Program Administrator who is responsible to oversee In-home services activities in the state and to support child welfare system improvement efforts.

The approval for use of Family Preservation Services flexible funds is administered at the regional level. In all five regions, caseworkers work with their supervisors to develop a specific request for services and then submit that request to a designated financial manager or review committee, who either approves or rejects the request.

Individuals Served Utilizing PSSF Family Preservation Funding		
FFY	Individuals	# Payments
2015	679	1,524
2016	566	1,105
2017	560	1,096
2018	589	1,145
2019	559	1,034

### *Family Support Services*

Family Support Services funding is used exclusively to pay for Families First intensive in-home intervention services available in each of the five DCFS regions, though not necessarily to all communities in each region. Provided by Utah Youth Village through a contract with DCFS, Families First services are designed to teach parenting skills in the home to parents of children who are at risk of abuse or neglect or with behavioral concerns, based on a need to strengthen family functioning capacities.

The Families First program, as reported by the California Evidence-Based Clearinghouse, “utilizes the Risk, Need, and Responsivity Model for intervention with at-risk youth and families through 3-4 home visits per week totaling 6-10 hours per week, typically lasting 10-12 weeks. Individual responsivity factors are assessed to tailor the intervention to the youth and family.” The youth’s specific risk factors related to the home environment (e.g., parental relationships, supervision, structure, discipline, etc.) and the social environment (e.g., peer associations, community involvement, relationships, etc.) are targeted.



Individuals Served Utilizing PSSF Family Support Funding		
FFY	Individuals	# Payments
2016	88	194
2017	221	545
2018	284	742
2019	368	1,046

### *Family Reunification Services*

Since October 1, 2018, reunification services have been provided during a foster care placement or for up to 15 months after the child is returned home from foster care in accordance with changes in the Family First Prevention Services Act. The formula for allocation of funds to regions is based on the proportion of children in foster care in each region that have a goal of reunification.

Services provided using these funds primarily include:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including initial fees and costs associated with drug courts and drug testing.
- Services to provide temporary protective childcare or other therapeutic services.
- Assistance to address domestic violence treatment or other needs for services.
- Peer parenting services.
- Transportation to or from services and activities listed above.

The approval process for use of Family Reunification Services funds is the same as that used to approve use of Family Preservation Services flexible funds.

Individuals Served Utilizing PSSF Family Reunification Funding		
FFY	Individuals	# Payments
2016	590	1,474
2017	500	892
2018	537	1,117
2019	547	1,501

### *Adoption Promotion and Support Services*

The Adoption Program primarily uses Adoption Promotion and Support Services funding to:

- Help pay for special services delivered to adoptive children and their families that are not available from other sources, specifically those that will help adoptive families deal with the high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents who attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Provide training to adoptive parents or regional adoption staff through state level or regional level adoption conferences.
- Help with care and supervision costs when adopted children need out-of-home treatment.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

<b>Individuals Served Utilizing PSSF Adoption Promotion and Support Funding</b>		
FFY	Individuals	# Payments
2015	256	627
2016	226	543
2017	248	563
2018	274	516
2019	259	505

### *Service Decision-Making Process for Family Support Services*

#### *APSR Service Decision-Making Progress for Family Support Services Update*

Since the submission of the 2020-2024 CFSP, there are no substantive changes to report.

During implementation of Utah's IV-E waiver demonstration project, a decision was made by the project implementation team to utilize the Family Support Services category of Promoting Safe and Stable Families as a foundation for statewide expansion of an evidence-based, community-based service that helps strengthen families and prevent child entry into foster care. This program, known as Families First, provides in-home parent skills training by certified paraprofessionals using the Teaching Family model. Stakeholder feedback has supported continuation of this service with PSSF Family Support funding during the next report period.

In considering how to utilize PSSF Family Support funds during the plan period for FFY 2020-2024, it was determined that these funds will continue to be used as a bridge between the Title IV-E waiver and implementation of the prevention services provisions under the Family First Prevention Services Act.

### *Expenditure of Promoting Safe and Stable Family Funding*

DCFS plans to expend PSSF funding as follows:

PSSF Funding Distribution	
Service Category	Percentage
Family Support	20%
Family Preservation	38.5%
Adoption	20%
Reunification	20%
Other Service Related Activities (e.g., planning and training)	1.5%

### *Populations at Greatest Risk of Maltreatment*

#### *APSR Populations at Greatest Risk of Maltreatment Update*

This update is addressed throughout the below summary.

DCFS uses many tools, data sources, and external resources to best identify populations at greatest risk of maltreatment. Current existing state and federal statute, rules, guidelines, qualitative and quantitative review outcomes, ongoing internal data measures, contracted services (University of Utah Social Research Institute), and community committee input all contribute to identification and ongoing assessment of the most vulnerable of populations. Sources and assessments include:

- Qualitative Case Review (QCR), which is annually conducted by the DHS Office of Quality and Design. A deep dive into qualitative casework and practice is conducted. QCR assesses both internal DCFS practice as well as system functioning, which can include schools, courts, and other external agencies.
- Case Process Review (CPR), which is annually conducted by OQD. This review is heavily quantitative, helping identify basic and necessary areas of practice that need to be monitored.
- Child and Family Services Review (CFSR), which is conducted periodically by the Children's Bureau. The goals are to ensure conformity with federal child welfare requirements, determine what is happening to children and families as they are engaged in child welfare services, and assist states in helping children and families achieve positive outcomes.
- The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. DCFS is required to submit AFCARS data twice a year, based on two 6-month reporting periods. The AFCARS

review process assists in identifying problems, investigating the causes, and suggest solutions.

- The National Child Abuse and Neglect Data Systems (NCANDS), although voluntary, is a data collection system that gathers information from all states about child abuse and neglect. The DCFS state contact works closely with the Children's Bureau and the NCANDS technical team to uphold high-quality standards associated with NCANDS data. NCANDS data are a critical source of information for many publications, reports, child welfare personnel, researchers, and others. Data is also used to measure performance and is an integral part of the CFSR and the Child Welfare Outcomes: Report to Congress.
- University of Utah Social Research Institute (SRI) is a local partner contracted with DCFS to gather and analyze a variety of system information. Details of their analyses are outlined later in this document.
- Internal data sources include an extensive reporting database in SAFE. Data, including demographic information, is gathered on a regular basis and used at the state, region, and office levels to help inform ongoing practice.

Through the analyses of data and from these data sources, DCFS has been able to identify the populations most vulnerable to abuse and neglect. These populations include:

- Children under the age of five.
- Children who are isolated from their local community.
- Children with special needs.
- Households where the caregiver has substance or alcohol abuse issues.
- Households with a history of CPS investigations.
- Caregiver inability to protect.
- Caregiver who inconsistently responds to the child's needs.

#### Ongoing and Targeted Services:

DCFS utilizes several internal efforts to strengthen families and keep children safe. These efforts inform our ability to serve and respond to those at greatest risk of maltreatment. These ongoing and targeted services, many that were described above, include:

Child Protective Services (CPS): Short-term intervention to assess children regarding abuse, neglect, or dependency. These services are provided to keep children in the home and with their families when safely possible. CPS is the first contact DCFS has with a child and family, creating the most critical of relationships and engagement. Trained CPS caseworkers engage, assess, and investigate reports of abuse or neglect and make a well-informed decision as to next steps. Of all calls received and investigated in SFY 2019, 56.9% of them were unsupported and 35.6% were supported. In either case, if a CPS caseworker believes further services could assist a family and decrease future maltreatment risk, such services are provided through community means or

through any of the services listed below. DCFS routinely reviews CPS data in order to identify trends or problem areas, and DCFS adjusts practices accordingly.

**In-Home Services:** After a CPS assessment, it may be determined that in-home services would be best for children who have been assessed for being at risk for abuse or neglect but could safely remain with their parent(s)/primary caregiver. These services may include parent supports, development of a comprehensive safety plan and/or linking the family to community resources. Working with a family in an in-home setting allows ongoing in-home DCFS workers to assess and engage in a way that meets the needs of the child and family. Ideally, providing in-home services helps strengthen the family unit and decrease future maltreatment risk. DCFS served 18,178 unique clients in SFY 2019. Of those clients, 8,848 were children.

**Foster Care:** When it is determined that a child cannot safely be maintained in his or her home, a temporary intervention of foster care is used. Once a child is in care, the goal is to provide a safe, stable, and supportive environment until it is determined the child can safely be reunited with his or her family. DCFS strives to place children with non-custodial parents, relatives, family friends, or former foster parents when foster placement is necessary. During SFY 2019, 1,992 children entered foster care and 2,160 exited care. Of those who exited care, 42.3% reunified with a parent or primary caregiver. During SFY 2018, 93% of children who exited care did not have a subsequent foster care episode within 12 months of exiting.

**Kinship Care:** If a removal is necessary, placing a child with kin or a family friend is ideal and preferred. This allows a child to maintain as much normalcy and familiarity as possible, while providing a strong and loving placement until such time the child can return home. In the event the child cannot return home, it is hoped the kin placement can and will provide ongoing permanency. While the total number of children served in foster care has had an upward trend for the past many fiscal years (which also reflects overall population growth), the total percent of children who are placed with kin at some point during their time in care has also had an upward trend. In SFY 2004, just under 20% of children had at least one placement with kin during their time in care. By SFY 2019, 45% of children were placed with kin during their time in care, the greatest percentage, 43%, being with a grandparent.

**Youth Services** provide support to youth ages 14-21 who are transitioning from foster care to adult living. This program utilizes a network of organizations and offers services, which include academic mentoring, financial planning, career preparation, and limited financial assistance. These services allow youth to gain the basic skills necessary to navigate safely into adulthood.

**Adoption Services** help support children who cannot reunify safely with their families. Children may be adopted by relatives, previous foster placements, or other families willing to provide a loving home for a child.

**Prevention Services:** Prevention of abuse and neglect is a strong focus of DCFS and utilizes community outreach services and programs. These services include parenting classes, evidence-based home visitation programs, statewide community and school-based education

presentations, support to grandparents raising grandchildren, and 14 crisis nurseries in local Family Support Centers across the state.

**Domestic Violence Services:** DCFS provides funding to help support domestic violence shelters, outreach services, education and therapy for those who have been affected by domestic abuse. There has been a steep upward trend since SFY 2009 of percentage of victims with a supported allegation of Domestic Violence Related Child Abuse (DVRCA) who received in-home services as a result of a CPS case. These ongoing services help provide necessary support and wraparound services for children and families.

**Qualitative and Quantitative Data:** DCFS uses qualitative and quantitative data to track the needs of and adapt services provided to children and families. This includes qualitative and quantitative data indicators that assist in identifying at-risk populations within the system. Administrators and region supervisors analyze local team, office, and regional data to best identify areas of concern or areas of improvement. Each quarter (more frequently, if needed) DCFS State Office data and practice improvement staff meet with region Practice Improvement Coordinators to ensure they are analyzing the most current data and taking steps to identify areas in need of attention.

**Demographic Data:** When analyzing demographic information for populations at greatest risk of maltreatment, the below indicators are present.

- Females are 1.1 times more likely to be victims of maltreatment, despite making up just under half (49%) of the overall child population in Utah.
- American Indian/Alaskan Native children are 3.3 times more likely to be a victim of maltreatment. This population makes up only 1% of the child population in Utah.
- Black/African American children are over 5.1 times more likely to be victims of maltreatment. This population makes up 1.4% of the state child population.
- Salt Lake, Utah, Weber, and Davis counties have the state's highest populations. In SFY 2018 and SFY2019, the CPS supported cases percentages for these counties were as follows:

<b>Utah Highest Population Counties CPS Supported Cases Percentages</b>		
<b>County</b>	<b>SFY 2018</b>	<b>SFY 2019</b>
Salt Lake	38.0%	36.3%
Utah	34.3 %	37.8%
Weber	33.9%	33.8%
Davis	32.3%	28.0%

- In SFY 2018 and SFY 2019, Maltreatment/1,000 children in these same counties were as follows:

<b>Utah Highest Population Counties Maltreatment/1,000 Children</b>		
County	SFY 2018	SFY 2019
Salt Lake	12.3	9.4
Utah	8.4	6.2
Weber	16.1	11.25
Davis	6.8	6.01

- Some of Utah's smallest counties have higher maltreatment rates/1,000 children. The SFY 2018 and SFY 2019 data for these counties is as follows:

<b>Utah Smallest Population Counties Maltreatment/1,000 Children</b>		
County	SFY 2018	SFY 2019
Carbon	28.2	18.0
Grand	25.0	18.0
Uintah	22.0	17.1

It should be noted that there is no access to updated population data, therefore the same population counts were used as used in SFY 2018. Timely practice review and data analysis are an ongoing occurrence in smaller counties to determine the reason for increased substantiated/supported maltreatment. The answer, however, is complicated and can include such things as distance between worker and child and/or increased reporting of abuse in smaller counties.

- Below is a summary from the University of Utah SRI, who, in partnership with DCFS, gathered and analyzed DCFS SDM assessments to understand what factors influenced whether a child enters foster care due to supported abuse or neglect. This was a one-time study; therefore, there is not an update to provide. However, the data analyzation continues to inform Utah's work in child welfare; thus, it is included in this report. Data analyzation yielded the following information regarding vulnerable populations:

#### Caregiver Substance Abuse

- Households with caregivers experiencing substance abuse constitute a threat to safety and are associated with a host of other risk factors. These include a history of prior investigations and/or receipt of services, mental or behavioral health issues, immediate needs not being met, inability to protect, lack of caregiver

attention, unsafe living conditions, homelessness, drug-exposed infants, emotional/physical harm, and a history of domestic violence.

- In over 35% of supported CPS cases, it was determined that caregiver substance abuse was a risk in the home, and this abuse puts a child at more than 10 times the risk of being removed.
- When children are returned home after having been removed due to caregiver substance abuse, 27% of caregivers have a new supported CPS allegation within 12 months.
- Sixty-five percent of children who come into foster care are from households where substance abuse is present (54% drug abuse only, 6% drug and alcohol abuse, 5% alcohol abuse only).
- Caregiver substance abuse is the most commonly reported threat to safety.

### Neglect

- Households where children experience neglect have many other associated risk factors. These include caretaker drug and/or alcohol abuse, child abandonment, physical/sexual abuse, child behavioral issues, domestic violence, caretaker coping issues, child drug abuse, and inadequate housing.
- When children come into foster care due to allegations of neglect, they spend an average of 75 additional days in the system.
- Children who experience neglect are 10 times more likely to be removed from the home.

When neglect is present in a home and the caregiver is inconsistent in meeting the needs of the child, the risk of removal greatly increases. Abuse in the home increases child removal odds when one or both of the primary caregivers are domineering.

Assessment of Structured Decision Making (SDM) outcomes shows a strong correlation between several child vulnerabilities and increased odds of removal. These vulnerabilities include being a child under five years of age (which accounts for 37% of all CPS victims), in isolated situations, with significant diagnoses (medical and mental health), with diminished development or cognition, or with diminished physical capacity.

Homes consistent with safety services (including services through DCFS) are associated with caregivers who acknowledge there is a problem and are willing to work with the agency to resolve the problem. Additionally, it has been found that they often have greater supportive relationships.

DCFS embarked on a Fatality Analysis with the University of Utah SRI. The study examined the characteristics and predictors of child fatalities caused by abuse or neglect and investigated by DCFS. SRI developed an assessment tool for reviewing case files and applied this tool to fatality records from the past five years. SRI analyzed the case characteristics and reported the findings to the Division in October 2019. The analysis enabled DCFS to identify the main characteristics,



demographics, and history of cases involving a child fatality caused by abuse or neglect, as well as the predictors of child fatality. Originally, the target population included all cases where there was a child suicide, accidental death, or homicide investigated by DCFS during the past five years. However, the researchers determined that this study scope was too broad and, therefore, narrowed the scope to only include DCFS fatality cases caused by abuse or neglect.

## Kinship Navigator Funding

### *APSR Kinship Navigator Funding Update*

FFY 2018 and FFY 2019 Kinship Navigator funding has been used primarily for two key purposes. First, Utah has contracted with the University of Utah Social Research Institute (SRI) to conduct an evaluation of an existing kinship program, Grandfamilies. Second, the funding has been used to strengthen and support two existing kinship navigator programs in the state that operate using the Grandfamilies curriculum.

#### Evaluation of Existing Kinship Navigator Programs:

The Division contracted with the University of Utah SRI to conduct a Kinship Navigator Program evaluation of Grandfamilies, a long-standing kinship support program in Utah operated by the Children's Service Society (CSS). The purpose of the evaluation is to determine if the program meets the criteria in section 427(a)(1) of the Social Security Act, as authorized under the Family First Prevention Services Act. The contract also provides for technical assistance to be provided to Grandfamilies, if the program is determined to need modification in order to meet an evidence-based standard under FFPSA.

FFY 2018 funding was utilized for development of the research design and to initiate the evaluation process, which occurred prior to the establishment of the Title IV-E Prevention Services Clearinghouse. The evaluation is a quasi-experimental design using a pre- and post-test. Kin families served by CSS Grandfamilies are the sample group, and kin families within the DCFS child welfare system are the comparison group.

Once the Clearinghouse began their operations, the original study design was reassessed based on the criteria contained in the Title IV-E Prevention Clearinghouse Handbook. This analysis necessitated revisions to the study design in order to strengthen the study's rigor, which should increase the likelihood that the research will result in a determination of evidence-based.

Because Utah chose to modify the study design, the period for the evaluation was extended, and additional FFY 2019 kinship navigator funds were added to the contract; it is anticipated that FFY 2020 kinship navigator funds will also be needed in order to finish the evaluation. The revision in the study design necessitated restarting the data collection process and also an extension of the sample time period to ensure the sample size will provide sufficient data to meet the level of rigor that is necessary.

SRI has collected data under the revised evaluation design for approximately nine months. As of May 5, 2020, 119 pre- and 40 post-surveys have been completed for Grandfamilies, which reflects a 51.3% post-survey response rate. For the DCFS control group, 104 pre- and 38 post-surveys have been completed, which is 70.4% post-survey response rate. The initial goal is to collect a total of 300 pre-surveys, which may be increased if the post-survey rate is not high enough to meet the evaluation design for rigor. While data collection is continuing, the COVID-19 pandemic has slowed the submission of new pre-surveys and post-surveys. However, this slowdown is not anticipated to adversely affect the overall evaluation.

The research is analyzing outcomes for families receiving kinship navigator services through Grandfamilies, such as increased child stability and safety, ability to maintain family connections and culture, and reduction of child welfare placements. More specifically, the evaluation will determine if the program specifically meets requirements of section 427(a)(1) of the Social Security Act, including a determination if the program is “operating for the purpose of helping children who are in, or at risk of entering, foster care reconnect with families member through implementation of –

- (1) a kinship navigator program to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served, which program—
  - (A) shall be coordinated with other State or local agencies that promote service coordination or provide information and referral services, including the entities that provide 2–1–1 or 3–1–1 information systems where available, to avoid duplication or fragmentation of services to kinship care families;
  - (B) shall be planned and operated in consultation with kinship caregivers and organizations representing them, youth raised by kinship caregivers, relevant government agencies, and relevant community-based or faith based organizations;
  - (C) shall establish information and referral systems that link (via tollfree access) kinship caregivers, kinship support group facilitators, and kinship service providers to— (i) each other; (ii) eligibility and enrollment information for Federal, State, and local benefits; (iii) relevant training to assist kinship caregivers in caregiving and in obtaining benefits and services; and (iv) relevant legal assistance and help in obtaining legal services;
  - (D) shall provide outreach to kinship care families, including by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials;
  - (E) shall promote partnerships between public and private agencies, including schools, community based or faith-based organizations, and relevant government agencies, to increase their knowledge of the needs of kinship care families and other individuals

who are willing and able to be foster parents for children in foster care under the responsibility of the State who are themselves parents to promote better services for those families;

(F) may establish and support a kinship care ombudsman with authority to intervene and help kinship caregivers access services; and

(G) may support any other activities designed to assist kinship caregivers in obtaining benefits and services to improve their caregiving.”

Utah anticipates that the results of the research will show positive effects for families that participate in Grandfamilies kinship navigator services. If that is the case, the research will be reviewed through an independent systematic review, conducted as part of the transitional payment process specified in the Program Instruction, ACYF-CB-PI-19-07. The research would also be submitted to the Title IV-E Prevention Services Clearinghouse for review as an evidence-based kinship navigator program.

#### Strengthening Existing Kinship Navigator Programs:

Utilized FFY 2018 and FFY 2019 kinship navigator funding to help strengthen existing kinship navigator programs in Utah. The largest kinship navigator program, Grandfamilies, received funding in both FFY 2018 and in FFY 2019 to strengthen their program in multiple locations in the state. This program is operated by the Children’s Service Society. Grandfamilies has office locations in northern Utah, including Salt Lake, Weber, Cache, and Davis counties. These physical offices provide services to surrounding communities. Grandfamilies also utilizes telephone and internet technologies to provide services to a broader population throughout the state.

Additionally, in FFY 2019, Utah provided kinship navigator funding to a smaller kinship navigator program in Utah County, which also uses the Grandfamilies curriculum. This program is operated by Wasatch Mental Health, a local mental health authority. Funding provided to this program further strengthens their capacity to serve kin families in Utah county.

PSSF Kinship Navigator funding was allocated to each of these programs to strengthen their capacity to provide the full range of kinship navigator services as specified in the First Prevention Services Act, and to prepare them for potential expansion under Title IV-E using an approved evidence-based model.

## Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

### *APSR Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits Update*

This update is addressed throughout the below summary.

Section 302.2 of DCFS Practice Guidelines addresses purposeful visitation with children in foster care. Guidelines require caseworkers to visit foster children face-to-face no less frequently than once monthly, and at least once per month the visit will occur in the foster care placement. Guidelines also address private conversations with children, conversations including siblings, safety considerations, and quality. Specifically, the content of visits should focus on key issues pertinent to safety (including threats of harm, child vulnerabilities, and protective capacities of the caregiver), permanency, and well-being, as well as promoting achievement of case goals. Guidelines also address observing a nonverbal child, and engaging older youth to help them address their own needs or desires. As needed, the caseworker and members of the Child and Family Team develop the specifics of the visitation plan as well as decide who will make additional visits and contacts with the child.

### *APSR Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visitation Update*

For FFY 2019, Utah again met all performance standards required for the Caseworker Visit Grant. The practice guidelines have remained consistent with the required standards for caseworker visits, with one exception. Due to the COVID-19 pandemic, temporary policy adjustments were made to allow visits to be conducted virtually, when safe and appropriate, to protect caseworker and client health.

DCFS created the Utah DCFS COVID-19 Reference Guide that included provisions for virtual caseworker visits. The reference guide followed guidance from the Children's Bureau and the Centers for Disease Control. The policy adjustments for caseworker visits to children in foster care are as follows:

- Home visits and private conversations with foster children and their providers should be conducted remotely if the safety and wellbeing of the child can be effectively assessed. Remote practices should reflect the following:
  - That the child/youth has access to an electronic device that will allow them to visit with you in an area of the home where they can have a private conversation
  - That a relationship between the foster child/youth and the caseworker can be effectively developed or maintained through electronic communication
  - That more frequent and ongoing remote communication to assure placement and child needs are being met and encouraging them to utilize their formal and informal supports.

- That any concerns regarding possible disruption from the placement can effectively be managed through electronic communication
- If you have children beyond your office's local community who need an in-person visit, please request a courtesy visit and/or ongoing worker in that area until further notice. CWA to CWA email coordination is sufficient; full courtesy casework request protocol is suspended at this time.
- If a child is placed in a congregate care setting that already has staff monitoring their care, all visits should be completed electronically unless there are extenuating circumstances related to safety.
- If caseworkers have children placed out of state, they should be checking in with the ICPC courtesy worker frequently to ensure the children's safety and needs are being assessed.
- Follow the "In Person Visits & Your Health" guidelines for any in-person client contact or home visit, including following the COVID-19 question flow chart.

The Divisions revisions to caseworker visitation requirements associated with the COVID-19 pandemic are anticipated to return to regular practice after the emergency declaration is lifted.

Caseworker visits with foster children are documented in SAFE (CCWIS). Workers enter an activity log and indicate completion of a policy requirement after they finish their visits. Utah practice guidelines require at least one visit per month be conducted in the home of the child. Therefore, data tabulating visits completed by DCFS caseworkers in the home of the child will generally total 100%.

DJJS, which receives some IV-E funding, also reports on caseworker visits with their population. Due to differences in practice, DJJS workers may not always visit foster children in their placements. Therefore, the total listed below may not equal 100%.

Caseworker Visits			
Federal Fiscal Year	Children in Custody Age 17 and Younger Visited at Least One Month	Percentage of Months in which a Visit was Required and Completed	Percent of Visits Held at Youth's Place of Residence
2015	4,279	95.9%	99.7%
2016	4,270	96.0%	99.6%
2017	4,390	96.6%	99.8%
2018	4,227	96.3%	99.9%
2019	3,916	85.8%	99.9%
<i>NOTE: Includes DJJS visit with children in DJJS custody, who may not conduct all visits at the child's residence.</i>			

In the past year, Monthly Caseworker Visit grant funds were used for the following purposes:

- Strengthening caseworker expertise through training activities, particularly in improving the flow and quality of casework in conjunction with the DCFS Operational Excellence Initiative, which should increase worker capacity for critical activities such as client visits.

- Enabling caseworkers to attend specialized training to increase worker knowledge and skills.

The COVID-19 pandemic impacted utilization of this funding due to cancellation of numerous training events.

During the coming year, Monthly Caseworker Visit grant funds are planned for several purposes, subject to the impact of COVID-19. These purposes include:

- Strengthening caseworker expertise through training activities.
- Enabling caseworkers to attend specialized training to increase worker knowledge and skills.
- Supporting retention and recruitment efforts and improvements.
- Strengthening supervisor and manager support of caseworkers through leadership training, including in key decision-making for safety, permanency, and well-being.
- Purchasing the Utah Children and Families Engagement Tool (UFACET) on-line certification and recertification program, which supports case decision-making and child and family planning through this CANS-based assessment.
- Providing additional support to caseworkers to help reduce turnover, such as peer-to-peer counseling or counseling for secondary trauma.

## Adoption and Legal Guardianship Incentive Payments

### *APSR Adoption and Legal Guardianship Incentive Payments Update*

This update is addressed throughout the below summary.

Adoption and Legal Guardianship Incentive Payments received during the CFSP FY 2020-2024 period will be used to enhance child welfare activities in Utah, to the extent funds are available. In the past year, Adoption and Legal Guardianship Incentive Payment funds were used for:

- Tools to enhance workers' ability to search for kin of children in care.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.
- Travel and participation in the Adoption Call to Action Summits.
- Continuous quality improvement and grant administrative positions that support quality practice and child welfare system improvements.
- Staff training and special projects.
- Technology to support caseworker activities.

In the next year, Adoption and Legal Guardianship Incentive Payment funds are planned for the following:

- Development and expansion of services to prevent child abuse and neglect and to prevent entry into foster care.
- Interstate adoption activities and training provided to staff that process interstate adoption documents.
- Tools to enhance workers' ability to search for kin of children in care.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.
- Continuous quality improvement and grant administrative positions that support quality practice and child welfare system improvements.
- Staff professional development, including the provision of a new training platform for virtual training, and special projects.
- Technology to support caseworker activities.

In general, Utah has not experienced any barriers or challenges when allocating or spending these funds. However, due to COVID-19, some planned large group trainings have been cancelled. Fortunately, with the multi-year availability of the funding, Utah expects to fully utilize these funds in the allowable spending period.

## **Adoption Savings, Methodology, and Expenditures**

### *APSR Adoption Savings, Methodology, and Expenditures Update*

This update is addressed throughout the below summary.

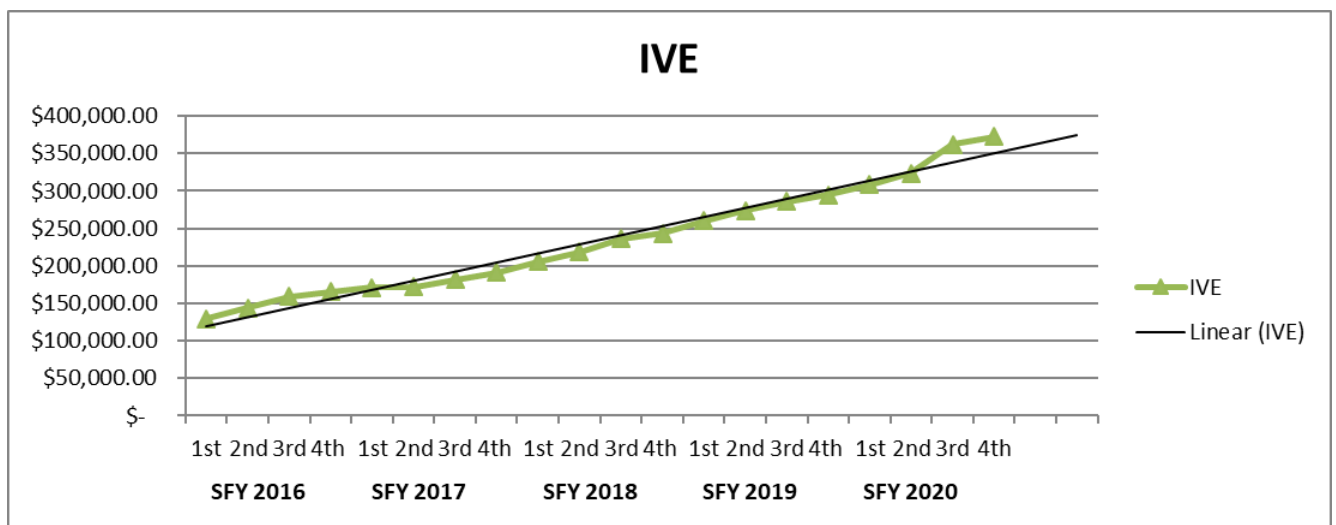
Utah will continue utilizing the previously approved Adoption Savings Methodology, which is an alternate approved method.

During the plan period, adoption savings are planned to be used for costs allowable under Title IV-E or Title IV-B of the Social Security Act. These funds will particularly target services and activities to support children being able to reside safely in the home and to strengthen parents' capacity to care for their children, including post-adoption services. The programs, services, and activities funded with adoption savings will continue to help bridge the gap between Utah's Title IV-E waiver and full implementation of the prevention services provisions of the Family First Prevention Services Act. Examples of services to be funded with adoption savings include evidence-based in-home parent skills training, mental health services for children and parents who are not Medicaid eligible, and temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.

In the past year, examples of services to be funded with adoption savings include:

- Evidence-based in-home parent skills training.
- Mental health services for children and parents who are not Medicaid eligible.
- Temporary intensive out of home post-adoptive care for adoptive children to help stabilize the child and support parents in caring for their children.
- Specially trained contracted staff who help locate potential adoptive families and help caseworkers match children with potential adoptive parents.

Generally, Utah has not experienced barriers or challenges when allocating or spending adoption savings. Each year an estimate of expected savings is prepared and planned expenditures are budgeted based on that estimate. To the extent feasible, the adoption savings are expended during the state fiscal year in which the savings occur. Any funds not spent during the current fiscal year are rolled forward and budgeted in the subsequent fiscal year. The graph below reflects the estimated Title IV-E adoption savings since states were required to report expenditure of adoption savings based on the applicable child criteria.



## VI. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

*APSR John H. Chafee Foster Care Program for Successful Transition to Adulthood Update*

A new program administrator responsible for the Chafee Program was hired in December 2019, with the prior administrator moving to the role of supervisor for the program administrator team.



The outlined services and program design in the plan have continued over the past year. Since submission of the 2020-2024 CFSP, there have been no substantive changes or additions in services or program design, with the following exceptions:

- The use of NYTD data.
- UFACET TAL skills module.
- TAL module pilot.
- Chaffee segment of the New Employee Practice Model Training change from three hours to one hour.
- DWS/WIOA screening process and DCFS audit process.
- DCFS coordination with the Juvenile Justice Early Intervention Program.

Updates for these items are summarized in their respective sections below.

## **Agency Administering Chafee**

DCFS administers programs and services funded through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee). Within the division, the Adolescent Services Program Administrator is responsible for planning and execution of all Chafee activities as well as for supporting community providers delivering services to youth in foster care.

## **Description of Program Design and Delivery**

Transition to Adult Living (TAL) services delivered to youth who have experienced foster care at age 14 or older are provided consistently throughout the state. TAL services are facilitated by region caseworkers, supervisors, and TAL Coordinators who—along with foster care, kinship, or other families caring for the youth—are committed to providing youth with:

- Transitional services
- Building meaningful, permanent connections with a caring adult
- Developmentally appropriate activities
- Positive youth development
- Experiential learning opportunities

Once a youth in foster care reaches age 14, region caseworkers and the youth's Child and Family Team—which the youth leads once they reach 16 years of age work—to prepare the youth for transition to adulthood. All youth receive a continuum of training and services as identified by the Child and Family Team and as outlined in their Child and Family Plan.

Transitional services provided to youth are numerous but generally fall within five major categories including the NYTD areas:

- Work and Career Planning and Education

- Housing and Money Management (not room and board)
- Home Life and Daily Living
- Self-Care and Health Education
- Communication, Social Relationships, and Family & Marriage

Former foster care recipients between 18 and 23 years old are eligible for Chafee aftercare services if they were adopted or obtained legal guardianship after their 16th birthday or aged out of foster care between the ages of 18 and 21. TAL provides these youth with financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-sufficiency.

TAL coordinators provide aftercare services within their regions. In providing these services, coordinators help youth develop a child and family plan that identifies what the youth's current needs are and what goals they have for the immediate future. The TAL Coordinator will also help the youth find and access community resources that fit their needs.

Chafee aftercare funds may be used to help youth access services or may be used to meet a youth's emergency needs. Since Utah is a reciprocal state, a youth in Utah foster care that lives in another state can access Chafee aftercare or ETV resources by contacting a TAL Coordinator in the state in which they are living or it can be provided by Utah.

To complement youth's efforts to achieve self-sufficiency and to ensure youth recognize and accept personal responsibility to prepare for and make the transition from adolescence to adulthood, up to \$2,000 in annual assistance can be provided to eligible youth through aftercare services. These funds are designed to help youth pay for housing, counseling, employment, education, and other services.

The services being provided through the Chafee program are in alignment with the CFSR PIP. The Chafee program keeps safety and placement stability in the forefront of all services development and implementation. The State Youth Advisory Council is an integral member of the development team addressing the need to increase placement stability for youth. The State Youth Advisory Council helped develop the PIP response for placement stability, and currently work with the transitional coordinators to review and update the transition to adult living guidelines to be more in line with preserving the family, and ensuring that all youth have permanent adult connections as they transition out of foster care.

### *Involvement of Youth*

DCFS continues to support the State Youth Advisory Council, which adds a much needed "youth voice" to the child welfare system. Through this council, youth discuss issues that impact their lives, set goals and objectives that are designed to resolve the problems they face and, in concert

with DCFS administrators, develop policies and procedures that ultimately affect the support they receive.

Youth participate in panel discussions during UFC foster and adoptive parent pre-service training, as well as UFC region in-service trainings, during which they provided a realistic accounting of their experiences while in foster care, summarized the unique needs they faced while in foster care, and encouraged parents to consider fostering or adopting older children in the child welfare system.

Youth voice is an integral part of the Department of Human Services' FYI (Family, Youth and Individual voice) Task Force. The Task Force is identifying measures that programs can take to include "family and youth voices" in workers' practice. The Adolescent Services Program Administrator and a member of the youth council are participating in this effort as members of the planning committee.

Youth will meet annually with the DHS Executive Director to share their progress on youth driven projects.

Youth have and will continue to be encouraged to address the Child Welfare Legislative Oversight Panel and advocate for youth driven policy change.

Two youth ambassadors will accompany the Adolescent Program Administrator to the annual Independent Living Coordinators Meeting in Washington, D.C. The ambassador will provide a report to the State Youth Advisory Council that will identify interesting best practices and convey any lessons learned.

During FFY 2020, The State Youth Advisory Council will be developing a youth orientation packet that will be shared with youth when they first enter foster care. Foster youth will be given a flier with information about services and support. The council is also creating YouTube informative videos that will be shared with youth. The videos will explain the roles and responsibilities of child and family team members, as well as the youth bill of rights.

The Chafee program incorporates the main principles of positive youth development throughout the case process and the development of services and assessments. The importance of PYD is seen in the composition of the child and family teaming process. The teaming process encourages bringing together family and community connections to support the youth. The youth is encouraged to lead their team meetings and contribute to their planning in a meaningful way. The youth's ability to run their meeting, builds their confidence in advocating for their needs and their future.

The State Youth Advisory Council worked with staff to create a Milestone Guideline that helps youth focus on building not just basic life skills, but to create opportunities to build confidence and competence in connecting with their families and communities.

The Chafee program supports local community programs that incorporate positive youth development principles. For example, DCFS partnered with the University of Utah to establish an academic and social mentoring program to encourage youth to complete high school and successfully attend higher education. This program is described in more detail under the education portion of the plan. Youth that attend the program have seen an increase in their academic skills and their ability to connect with peers and advocate for their future. The Chafee program will continue to support this program over the next five years, and there are plans to double the number of youth attending from thirty to sixty youth.

### *Use of NYTD Data*

To provide Utah with a complete view of youth's experiences, DCFS regularly collects data regarding youth turning 17 while in foster care and surveys youth formerly in foster care at 17, 19, and 21 years of age. This data is then entered into the NYTD database. Reports are generated as needed and are used to inform stakeholders about barriers youth face when they exit foster care. The report will be shared each year with the State Youth Advisory Council, CWIC, new employees during onboarding training, and other statewide trainings with community partners and stakeholders.

In August 2016, Utah participated in its first NYTD Assessment Review (NAR), which evaluated the accuracy and reliability of data collected on youth in transition. This review compared Utah's methodology for collecting and reporting NYTD data to the NYTD collection requirements. DCFS continues to make headway in accomplishing the action items listed in its Program Improvement Plan (PIP) that will ensure that DCFS is collecting all relevant data in a manner consistent with federal policies and regulations.

The data from the first round of cohorts showed that Utah had a very high rate of youth entering foster care due to delinquency. This data was shared with the Court Improvement committee and informed the discussion on how we could reduce the percentage of youth entering care due to delinquency, while still ensuring the youth received the support they needed from the courts and human services. In 2017, legislation was passed that no longer allowed the courts to order a child into DCFS custody due to delinquent behavior. Instead, the courts now request that DCFS complete an assessment to determine if the family needs support and who is the best agency to provide that support. The Chafee program will continue to share the NYTD data with the Court Improvement committee during the quarterly meetings to help inform future changes to court practice.

There has been no additional work with NYTD this past year. During FFY 2021, the Adolescent Program Administrator will create a user-friendly informational one-page document about NYTD to share with community partners and the Youth Advisory Council.

## **Serving Youth across the State**

The Chafee funding is dispersed to each of the five regions and the amount is based on the percentage of potential eligible youth in each region. Each region has the flexibility to develop and provide services that are specific to the needs of its youth.

Utah's CFSR PIP highlighted the need to develop a more robust array of services in the state's rural areas. The Chafee program will be a part of the discussion on how we can accomplish this task. The transitional coordinators meet monthly and will be focusing on how we can provide more video and online options for youth to participate in classes and activities. For example, eastern region is very widespread and it is difficult to provide enough transportation and locations for all the youth to meet at the same time for activities and classes. The transitional coordinator has trained staff in each of the offices on the Chafee program, and they assist in providing multiple classes and activities to ensure that all youth have the opportunity to participate. They have also increased their ability to provide teleconferencing options so that youth in different offices can interact at the same time.

## **Serving Youth of Various Ages and Stages of Achieving Independence**

The Adolescent Services Program Administrator implemented the state's Milestone Guidelines into practice and provided training to region TAL Coordinators on how to use the guidelines to help ensure that youth have the skills needed to transition successfully to adulthood, and how to offer the training at a level equivalent to the youth's age and ability. For example, transitional coordinators will provide the same skills classes (e.g. budget management) for different age levels. For example, a budgeting class for 14 year old youth will be taught at a different level and expectation than a class for youth ages 17-18 who will soon be transitioning into their own living arrangements. The Milestone Guideline assists caseworkers and transitional coordinators in being creative in the way skills are offered and taught to youth at various states of achieving independence.

The Milestone Guidelines provide incentives to youth needing to complete activities, skills, and education that will help the youth develop and maintain connections to the community. Encompassing more than thirty-five skills and activities under more than fifteen focus areas, the youth and caseworker pick the two skills or activities that are determined to be most critical to the youth's success and then obtain the mentoring, training, or services that will help the youth accomplish those tasks.

During FFY 2021, the Program Administrator will continue implementing the UFACET TAL skills module, which will include NYTD language and the wellbeing outcomes outlined in the CSSP Youth Thrive Protective and Promotive Factors framework.

The UFACET is a CANS-based child and family assessment tool developed in conjunction with the HomeWorks IV-E child welfare waiver demonstration project. The TAL module has undergone a pilot test, in which 3-5 caseworkers in each region involved in the pilot were allowed to use the new module, instead of the Casey Life Skills Assessment, to assess transitional skills. The initial results indicate that the tool is better at prompting discussions with youth about their plans for the future and at assessing their transitional skills.

The pilot test is scheduled to end during 2020. At this time, it will be determined if the assessment successfully assesses a youth's skills. If it is found to be successful, it will be incorporated into the Division's SAFE (CCWIS) database, and the Adolescent Program Administrator will provide training to region staff. After completion of training, staff will be certified to conduct the assessment with youth.

The Adolescent Program Administrator continues to work with OSR to revise the questions asked by QCR reviewers that assess TAL services provided to youth. The intent is to add NYTD terminology so that the questions are consistent with current federal guidelines. The Program Administrator also intends to work with OSR to incorporate new review elements into the QCR process that will assess to what degree child and family teams are addressing the transitional needs of youth exiting foster care. Furthermore, the Program Administrator and members of the Youth Advisory Council intend to meet with OSR to determine to what extent and at what age youth can participate in the QCR.

### *Chafee Services Expansion Option to Extend Services to Age 23*

Utah elected to offer Chafee-funded services to former foster youth through age 23. Youth have been notified of the change through multiple strategies. DCFS youth councils at state and regional levels were informed of the age change. Youth exiting care to emancipation, guardianship, or adoption who qualify for services after foster care will be provided this information as part of preparation for exit. Regional TAL coordinators are the primary contact resources for youth who have already exited care. TAL coordinators have been notified, and they will share this information with youth for whom they coordinate services. The State TAL Program Administrator has shared this information with other community partners and service providers.

Although Utah has not elected to expand Title IV-E foster care beyond age 18, Utah qualifies for expansion of Chafee services to age 23 through operation of a comparable state-funded foster care program serving youth up to age 21.

### **Collaboration with Other Private and Public Agencies**

The Adolescent Program Administrator is a member of a multi-agency collaboration (including members from the Office of the Attorney General, the Salt Lake County Public Defender's Office, DJJS, and other community partners) that is addressing issues related to human trafficking. While

not specific to youth involved with DCFS, the collaboration intends to develop community support for victims of human trafficking and identify or develop services that are designed to keep youth sex-trafficking victims out of jail. The collaborative also intends to develop a broad range protocol that will identify how and when to refer a child or youth sex-trafficking victim to DCFS for services.

In addition, as mentioned in Program Purpose Area 3, the Adolescent Services Program Administrator and administrators at the University of Utah worked together to implement the First Star Academy an intensive, four week, on campus experience during which youth in foster care attend classes provided by volunteer professors who teach a variety of courses.

The TAL Program coordinates with a number of state agencies or partners that utilize federal funds. Those agencies include:

- DWS WIOA Youth, which manages services provided through the ETV program and coordinates food stamps and employment training.
- DOH, which coordinates Medicaid services and, through a contract with DCFS, provides access to a nurse case manager who tracks the medical needs of youth in foster care.
- DSAMH, which refers youth to services that help youth resolve mental health and substance abuse issues.
- The Department of Public Safety Driver License Division, which provides assistance in obtaining a driver license.
- DJJS, which works with DCFS to identify youth in custody who may qualify for Chafee-funded supports or may be eligible to receive services from other organizations.

Additionally, the CPS and Adolescent Services Program Administrators continue to work with a collaboration of individuals representing the Utah State Courts, law enforcement, the Utah Court Appointed Special Advocate program, Primary Children's Hospital, and others to identify measures that will help avoid re-victimizing victims of human trafficking. Likewise, DCFS continues to work with law enforcement to ensure that DCFS provides a more victim-friendly response to child victims of sex trafficking. Specifically, for a youth in custody that runs away from an out-of-home placement and may have become involved in human trafficking, DCFS protocols guide caseworkers as they try to determine if the youth has been involved in human trafficking.

During FFY 2020, in order to prevent further DCFS involvement and/or removal, DCFS began coordination with the Juvenile Justice Early Intervention Program to provide support and in-home services to families with ungovernable youth. A pilot program was completed in Northern Region in fall 2019. Next steps are to meet with DCFS intake and JJS to finalize the steps to go statewide with the program.

## **Determining Eligibility for Benefits and Services**

All foster youth ages 14 and older automatically qualify for the Chafee programs and services. Utah foster youth that live out of state are provided services through the Chafee program. Utah is a reciprocal state and collaborates with other states to ensure the child is receiving Chafee support.

The Chafee program collaborates with the WIOA program to ensure that youth are eligible for and able to obtain the ETV vouchers. All eligible youth have access to the same amount of ETV funds, based upon their educational need. There is no current waiting list for services or funding.

## **Cooperation in National Evaluations**

Utah DCFS has demonstrated its willingness to cooperate in the past as a volunteer pilot state for the NYTD review. Utah will continue to cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

## **Chafee Training**

DHS coordinates a Transitions Academy (five program areas) that addresses the needs of youth who are receiving services through one or more divisions within the department. Training delivered through the Transitions Academy provides workers with information about how to involve youth in transition planning, how to integrate the requirements in the Normalcy Bill into transition planning, and how the Foster Youth Bill of Rights applies to transitioning youth. The academy is now offered at a regional level and coordinated by the region's respective Systems of Care councils. This gives the regions an opportunity to address issues related to their community and to encourage local community providers in being a part of the training. Youth are actively involved in the planning process and coordinate some of the activities.

In addition, a 1-hour segment of the New Employee Practice Model Training focuses on youth services provided through the TAL Program as well as on community resources available to youth.

DCFS anticipates that it will continue to provide online Foundations for Youth: Supporting Foster Parents web-training to staff that request it. During this training, participants review the latest research relating to adolescent development and learn about the impact that abuse or neglect has on youth. They study adolescent behavior, both normal and trauma-related, as well as learn how to engage youth, develop plans, and provide appropriate interventions.

Outside of the division, UFC refers foster or foster-to-adopt parents, especially those who will be fostering or adopting youth over the age of 14, to the Foundations for Youth: Supporting Foster Parents web training. Foster parents can use this training to meet their mandatory retraining requirements.



DCFS implemented a two-hour Safety Guidelines for LGBTQ Clients training, which was delivered to all caseworkers and supervisors and was added as ongoing training for new employees. During this training, participants learn how to implement DCFS Practice Guideline 300.5 that specifically addresses the issue of safety for LGBTQ youth. Training introduces appropriate terminology, helps students understand LGBTQ issues, addresses services that help prevent removal, and identifies expectations for out-of-home placements.

Prospective foster and adoptive parents also learn about the needs of LGBTQ youth in several sections of the 32-hour training provided by the UFC. During the session in which UFC trainers discuss why children are in foster/adoptive care and in the session in which participants learn about adolescent development, trainers identify the safety needs of children who may be questioning their sexuality.

Also, when UFC trainers address the need to “transcend” differences in philosophy or beliefs with prospective foster or adoptive parents, they help parents examine their personal, moral, and ethical perspectives and help parents determine if they have the ability to work with children who live differently.

A discussion of LGBTQ youth safety is also held during the UFCs DCFS Practice Guidelines webinar, a course that parents are required to complete before being licensed. A culture of acceptance is a primary component of any placement and as such in this webinar UFC addresses issues relating to inclusiveness, safety, stability, and support for LGBTQ youth.

## **Education and Training Vouchers (ETV) Program**

### *Program Description*

Education and Training Vouchers (ETV) are available to youth meeting the following requirements:

- Be an individual in foster care who has not yet reached 21 years of age, and
- Be an individual no longer in foster care who reached 18 years of age while in foster care, or
- Be an individual adopted or obtained legal guardianship from foster care after reaching 16 years of age.

In addition, youth must meet the following requirements:

- Have an individual educational assessment and individual education plan completed by the division or their designee.
- Have submitted a completed application for the ETV Program.
- Applied to a qualified college, university, or vocational program.

- Have applied for and accepted available financial aid from other sources before obtaining funding from the ETV Program.
- Have enrolled as a full-time or part-time student in a college, university, or vocational program.
- Have maintained a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

### *Method the state uses to operate the ETV program efficiently*

DCFS continues to contract with the Department of Workforce Services (DWS) to manage the ETV program. Youth submit an application through DWS and complete the screening process. Once the screening process is finished, applicants receive written notice of approval or denial of their application. If denied, a written form is provided stating the reason for denial. That form also includes instructions about how to appeal the decision.

Once ETV approves an applicant as eligible to receive support through the ETV program, DWS completes an Individual Education Assessment and an Individual Education Plan for each eligible applicant. DWS also makes it possible for enrolled youth to participate in paid internships or obtain financial support as they search for a job or take steps to build a career. DWS also helps youth between the ages of 14 and 16 who are more than one grade level behind receive academic support, which can help youth improve their performance in school as well as help them graduate from high school at the same time as their peers.

DCFS and DWS hold a quarterly statewide meeting to staff complex case scenarios, review guidelines and train staff. DWS case managers are allowed to authorize up to \$3,000 in consultation with their supervisor. If the youth requests more than \$3,000, the DWS case managers must staff the case with the ETV Program Administrator to ensure the request is appropriate and within budget requirements.

DWS sends a monthly budget report, quarterly program review, and annual report to DCFS to ensure the current budget and future allocations are reviewed on a regular basis.

DWS/WIOA is utilized to provide ETV services, and they utilize a screening process to ensure the funds are used appropriately. DCFS audits the DWS screening process.

## **Education and Training Vouchers**

The table below indicates the total number of youth who received Education and Training Voucher (ETV) awards for the 2017-2018, 2018-2019, and 2019-2020 school years. It also indicates the number of youth that received new ETV awards for the same time periods.

Annual Reporting of Education and Training Vouchers Awarded				
UTAH	Number of New ETVs	Open ETV Enrollments	Closes ETV Enrollments	Total ETVs Awarded
Final Number 2017-2018 School Year (July 1, 2017 to June 30, 2018)	53	143	68	264
Final Number 2018-2019 School Year (July 1, 2018 to June 30, 2019)	44	117	52	213
2019-2020 School Year* (July 1, 2019 to June 30, 2020)	30	96	40	166
<i>Note: *2019-2020 Numbers are from July 1, 2019 to April 3, 2020</i>				

### *Steps to Expand and Strengthen the ETV Program*

DCFS worked with DWS to update the ETV contract to ensure youth up to the age of 26 can now obtain ETV funds and educational/employment guidance from DWS case managers. DCFS transitional coordinators and DWS case managers received training on the new requirements.

### *Other Appropriate Education and Training Programs*

In 2018, DCFS was selected to participate in a college savings program through the Utah Educational Savings Program, called My529. A youth who qualifies for TAL services attends a college prep class and then earns an incentive, which goes into a college savings account. Youth have the opportunity to earn further incentives by completing milestones toward their higher education goals. Thirty-five youth are currently enrolled in the program, and DCFS was granted funds for the next fiscal year. The goal is to double My529 enrollment over the next two years.

The Utah Educational Savings Plan (UESP) continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth transitioning out of foster care complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions or Applied Technical Centers. The application for those scholarships can now be made online, which UESP anticipates will increase the number of applicants for the scholarships.

The Adolescent Services Program Administrator and administrators at the University of Utah implemented the First Star Academy an intensive, four-week, on-campus experience during which youth in foster care attend classes provided by volunteer professors who teach a variety of courses. In addition, university mentors provide academic and personal guidance and meet monthly with the youth to assist them with their educational goals.

Once youth complete the academy, as well as graduate from high school, they will be eligible for targeted scholarships that will help them fund their secondary education. Furthermore, as long as youth are in foster care when they enter the academy, they will be able to remain in the program, regardless of permanency status upon leaving foster care.

Ninety-eight percent of youth in the program (30 youth) completed their first year. Youth were given pre- and post-program tests regarding their desire to attend higher education and to assess their math and reading skills. On the post-program test, all showed an increased desire to attend higher education and all received higher scores in math and reading skills.

## **Consultation with Tribes**

In 2017, the Adolescent Services Program Administrator, Kinship Program Administrator, and/or the Domestic Violence Program Administrator accompanied the ICWA Program Administrator on individual visits with tribes, where the Program Administrators provided an orientation to DCFS programs to tribal leaders and offered any technical assistance needed. The Confederated Tribes of the Goshute Reservation continue to contemplate the possibility of asking DCFS to provide all Chafee services to members of the tribe, but no formal negotiations have taken place.

The Adolescent Services Program Administrator also attended a Tribal and Indian Issues Committee Meeting in which the administrator provided an overview of TAL services and described how the state's TAL program can provide technical assistance to the tribes. The Adolescent Services Program Administrator will attend future Tribal and Indian Issues Committee Meetings in order to continue discussions and to offer technical assistance, as needed.

Moving forward, discussions will be held with the tribes as part of our effort to develop a more robust service array (as mentioned in our CFSR PIP). There will be discussions on how we can collaborate more with the tribes to offer transitional services to tribal youth no matter where they are currently residing. Discussions will include brainstorming on how we can also develop preventive services that can provide support without the child needing to come into foster care. Discussions have already begun between our eastern region and the Ute Tribe near Fort Duchesne Reservation. Youth living on the Fort Duchesne Reservation have been invited to participate in all Chafee classes and activities offered by the eastern region transitional team. To date, no tribe has asked DCFS to provide Chafee program services, on behalf of the tribe. Below you will find program data for the last five years.

Number of Emancipated Youth	
FFY	Count
2015	172
2016	176
2017	166
2018	169
2019	120

Number of Youth Receiving TAL Aftercare Services	
FFY	Count
2015	773
2016	700
2017	757
2018	702
2019	641

Percent of Youth 14 and Older Exiting Custody to a Permanent Placement					
Permanent Placement	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Reunified with Parent/Primary Caretaker	34.7%	32.3%	31.7%	31.5%	36.2%
Custody/Guardianship to Relative	14.6%	13.7%	13.8%	14.8%	15.5%
Adoption	10.9%	10.5%	9.8%	13.4%	13.2%
Custody/Guardian to Foster Parent/Other Not Related	2.5%	2.5%	4.2%	4.3%	3.8%

Race and Ethnicity of Youth who Received TAL Services										
Race	FFY 2015		FFY 2016		FFY 2017		FFY 2018		FFY 2019	
	Count	%	Count	%	Count	%	Count	%	Count	%
American Indian or Alaska Native	72	4.7%	65	4.5%	53	3.9%	60	4.7%	62	5.2%
Asian	20	1.3%	16	1.1%	12	0.9%	11	0.9%	11	0.9%
Black or African American	104	6.8%	112	7.7%	117	8.5%	93	7.2%	76	6.3%
Multiracial Other Race Not Known	13	0.8%	13	0.9%	13	0.9%	12	0.9%	11	0.9%
Native Hawaiian/ Other PI	21	1.4%	21	1.4%	21	1.5%	30	2.3%	26	2.2%
Unable to Determine	14	0.9%	19	1.3%	28	2.0%	23	1.8%	15	1.3%
White	1,355	88.2%	1,260	87.0%	1,188	86.7%	1,123	87.1%	1,065	88.8%
Total Receiving TAL Services	1,537		1,449		1,370		1,290		1,200	
Hispanic Origin or Latino	356	23.2%	328	22.6%	317	23.1%	297	23.0%	275	22.9%
NOTE: All child counts are distinct (unduplicated). The percent of children in each race group is calculated on the distinct count of children served each Federal Fiscal Year. One child may identify as more than one race; therefore, the sum of percentages will not equal 100%.										

## VII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

### *APSR Consultation and Coordination Between States and Tribes Update*

In the past year, the state's plan for ongoing coordination and collaboration with tribes continued in the same manner as in prior years. The DCFS ICWA Program Administrator does not anticipate barriers to the achievement of this continued process.

The ICWA Program Administrator, in collaboration with tribal leaders, reviews DCFS goals and objectives, identifies ICWA compliance related issues, and discusses tribal concerns during quarterly Tribal Leaders Meetings or during individual visits held one to four times per year with each tribe. Additionally, informal communication with the tribes' social services departments occurs on a continuous basis, oftentimes daily, through phone calls, emails, and adhoc meetings. DCFS region leadership also directly interfaces with tribal leaders to address on-going case management and policy. Furthermore, the two largest tribes in Utah, the Ute and Navajo Nation, have implemented quarterly briefings with DCFS on Utah ICWA cases, and the Paiute Tribe holds quarterly case staffings with the local Southwest Region (both headquartered in Cedar City, Utah). In addition, the DCFS Eastern Region holds quarterly staffings with the Navajo Nation. The Tribal elected officials and their social service departments have a strong relationship with the DCFS ICWA Program Administrator.

Governmental, tribal, and private partners with which DCFS collaborates to ensure that the state complies with ICWA regulations or to address issues faced by Native American children and families include Casey Family Programs-Indian Child Welfare Program, Urban Indian Center of Salt Lake, Utah Department of Health, Bureau of Indian Affairs, Utah Department of Heritage and Arts-Division of Indian Affairs, Utah Department of Human Services-Tribal and Indian Issues Committee, the Court Improvement Program.

### **Responsibility for Provision of Child Welfare Services for Tribal Children**

There are eight federally recognized Native American Tribes in Utah: the Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band), San Juan Southern Paiute Tribe, Skull Valley Indian Community (Goshute), Ute Tribe (Uintah Band, White River Band, Uncompahgre Band), and Ute Mountain Ute Tribe in White Mesa.

DHS has a formal consultation policy in place that supports tribal self-governance through regular and meaningful consultation with Utah tribes. DCFS recognizes that each tribe is a distinct and sovereign government and works to ensure that jurisdictional and cultural barriers are respected. DCFS also recognizes that all children and families in Utah are Utah residents and

ensures that services and assistance is extended to tribal families living either on or off the reservation.

Utah has current Memorandums of Understanding (MOU) or Intergovernmental Agreements (IGA) with five tribes: the Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah, and the Skull Valley Indian Community (Goshute).

A revision of the IGA with the Navajo Nation was completed and signed by Governor Herbert in February 2019. A new IGA draft with the Ute Tribe has been completed and approved by the Tribe's Business Committee. Presently, the IGA is being reviewed by DCFS and the Attorney General's Office.

DCFS does not currently have IGAs with the Ute Mountain Ute Tribe or San Juan Southern Paiute Tribe nor has it had IGAs with these tribes in the past. The ICWA Program Administrator plans to collaborate with the Ute Mountain Ute Tribe's attorney to implement a new IGA this year.

The Navajo Nation provides all child welfare services for its members living on the Reservation. Using funding received through a grant with DCFS, the Navajo Nation delivers an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located in Utah. While this grant supports CPS services delivered by the Navajo Nation, it does not authorize DCFS to provide any protective services for Navajo children living on the portion of the Navajo Reservation located in Utah. The Navajo Nation has had difficulty filling the CPS position funded by the grant. The Navajo Nation recently completed construction of Gentle Ironhawk Domestic Violence Shelter in Blanding, Utah. Planning discussions are occurring to hire a Navajo Nation CPS worker at the shelter, as the nearest CPS Offices are in Shiprock NM or Aneth, NM. The Navajo Nation has a new Executive Director and is working to fill five open CPS positions. The DCFS Indian Child Welfare Administrator and the DCFS Domestic Violence Administrator is coordinating with the Navajo Nation to provide assistance as needed.

The Northwestern Band of the Shoshone Nation and Skull Valley Goshutes use Utah's juvenile court and its attorneys to adjudicate child welfare cases. Whereas, the Confederated Tribes of the Goshutes use their own court or coordinate with the Bureau of Indian Affairs to adjudicate child welfare cases.

The Paiute Tribe relies on DCFS to conduct all CPS assessments but has their own ICWA staff that partner with DCFS caseworkers on CPS cases and in conducting assessments or completing home visits. The Paiute Tribe uses state courts to adjudicate all child welfare cases and uses its own foster care and kinship licensing standards to determine the suitability of potential foster families and to approve foster homes. DCFS has provided technical assistance to the Tribe and assisted them with the development of tribal licensing standards.



Native American Children Receiving Services										
Tribe Name	FFY 2015		FFY 2016		FFY 2017		FFY 2018		FFY 2019	
	Children	Cases	Children	Cases	Children	Cases	Children	Cases	Children	Cases
Confederated Tribes of the Goshute Reservation, NV and UT	6	8	8	9	4	9	4	6	7	8
Navajo Nation AZ, NM & UT	434	441	487	494	496	532	460	528	414	461
Northwestern Band of Shoshoni Nation of Utah (Washakie)	8	8	10	9	11	8	9	11	7	10
Paiute Indian Tribe, UT (Cedar City, Kanosh, Koosharem, Indian Peaks and Shivwits Bands)	81	86	70	88	66	77	72	82	60	68
San Juan Southern Paiute Tribe, AZ	0	0	0	0	0	0	0	0	0	0
Skull Valley Band of Goshute Indians of Utah	8	10	9	14	12	14	12	9	12	12
Ute Indian Tribe of the Uintah & Ouray Reservation, UT	95	89	101	86	75	75	62	75	67	90
Ute Mountain Tribe of the Ute Mountain Reservation, CO, NM, and UT	10	12	14	18	7	8	10	12	9	8
Other Tribe Not in Utah or Tribe Not Documented	430	473	405	434	422	422	495	527	702	698
<b>Total Native American Children Served</b>	<b>1,072</b>	<b>1,105</b>	<b>1,104</b>	<b>1,125</b>	<b>1,093</b>	<b>1,123</b>	<b>1,124</b>	<b>1,214</b>	<b>1,278</b>	<b>1,307</b>

## **Process Used to Gather Input from Tribes**

The DCFS ICWA Program Administrator has the primary responsibility to monitor the agency's compliance with ICWA, as well as create and act on ICWA-related goals and objectives. The ICWA Program Administrator gathers information and coordinates DCFS activities with tribes during the quarterly Tribal Leaders Meeting. At this meeting, tribal representatives receive updates on the status of agreements, discuss tribal issues, connect with state ICWA specialists, discuss national policy and statutes, and collaborate to implement ICWA requirements.

The ICWA Program Administrator also provides primary staff support to the DHS Tribal and Indian Issues Committee, which meets every other month. Meetings rotate among the tribes so that committee members can observe each tribe's unique strengths and challenges.

Finally, the ICWA Program Administrator is a member of Court Improvement Program ICWA Workgroup and the Court Improvement Program ICWA Committee. The Court Improvement ICWA initiatives bridge the gap between tribes and state courts by fostering relationships between tribal partners and the courts, as well as by educating members about the special protections and procedural safeguards guaranteed by ICWA and Bureau of Indian Affairs regulations and guidelines. In 2020, the Indian Law Division of the Utah State Bar formed an ICWA Committee, on which the Utah ICWA Program Administrator participates. The Committee is a formal pathway for tribes to communicate with other attorneys in Utah practicing in the field of Indian child welfare.

## **Ongoing Coordination and Collaboration with Tribes and Steps to Improve or Maintain Compliance with ICWA**

In collaboration with tribal leaders, the ICWA Program Administrator identifies ICWA compliance related issues and discusses tribal concerns during the quarterly Tribal Leaders Meeting or during individual meetings with tribal leaders.

In response to multiple tribal requests for training on Family First Prevention Services Act (FFPSA), DCFS instituted its formal tribal consultation process. This past year, at the DHS Tribal Indian Issues Meeting held at the Northwestern Band's Tribal Offices, DCFS partnered with Casey Family Programs and provided an expert on how FFPSA can benefit tribes. DCFS Federal Operations Administrator provided a presentation that included updates on the development of Utah's FFPSA plans. Subsequent collaborations with individual tribes included the Ute Tribe in Fort Duchesne, Utah and the Confederated Tribes of the Goshute Reservation in Ibapah, Utah. DHS and DCFS representatives attended the meetings, which included in-depth conversations on FFPSA, IV-E agreements, and updated Tribal-State IGAs.

In 2019, the ICWA Program Administrator and Utah Foster Care Foundation (UFC), addressed and updated the Native American Recruitment and Retention Plan, a process that occurs

annually. The ICWA Program Administrator provides ongoing training on ICWA to potential foster parents, caseworkers, and other interested parties.

The ICWA Program Administrator and the UFC, in conjunction with all tribes, provide press releases and conduct interviews with numerous media sources that run a number of newspaper, television, and radio promotions highlighting the benefit to a tribe's families and children of becoming a Native American foster parent.

In 2020, DCFS and the Utah State Bar Indian Law Section, the University of Utah College of Social Work, and the Court Improvement Program will cohost an ICWA Conference. The DCFS ICWA Program Administrator will provide a Qualified Expert Witness (QEW) Training for community members and tribal ICWA staff. This training will increase Utah's capacity to provide QEWs at foster care placement and termination hearings.

In 2020, Utah DCFS coordinated a second Kinship Immersion Program on the Navajo Reservation, which is scheduled for September 2020. Judges, Attorney General's Office and DCFS will participate.

The ICWA Program Administrator also:

- Coordinated mini-training sessions on reservations during which Assistant Attorneys General and other partners were introduced to tribal social services and court systems and observed first-hand the capability that tribes have to serve cases that transition from the state's oversight to the tribe's.
- Attended community tribal events.
- Worked closely with the Utah Division of Indian Affairs to address state Indian child welfare issues.
- Worked with the Tribes in their requests for advocacy concerning Indian Child Welfare legislation and litigation.

In order to better inform DCFS on its level of ICWA compliance, the DCFS ICWA Program Administrator will continue to work with a team of data analysts and programmers to develop a SAFE module or functionality that will allow ICWA workers to flag and retrieve reports on Native American children to whom ICWA applies.

## **Monitoring of Compliance with ICWA**

The ICWA Program Administrator is the DCFS staff member that has the responsibility to monitor the Division's compliance with ICWA. To meet this responsibility, the ICWA Program Administrator reviews cases in each region and assesses responses to the questions reviewers ask during QCRs to determine compliance with ICWA requirements. In addition, the ICWA Program Administrator regularly consults with tribes to identify any areas of ICWA compliance that may need to be addressed.

During FFY 2021, the DCFS ICWA Program Administrator will work with the DHS Office of Quality and Design to improve the quality of ICWA data collected during the Continuous Quality Improvement case review process.

### **Discussions with Tribes on John H. Chafee Foster Care Program for Successful Transition to Adulthood**

In 2018, the Adolescent Services (Chafee) Program Administrator, Kinship Program Administrator, and the Domestic Violence Program Administrator accompanied the ICWA Program Administrator on individual visits to reservations where the Program Administrators met with tribal leaders to build relationships by providing an orientation to DCFS programs and offering technical assistance.

In 2019, the Adolescent Services (Chafee) Program Administrator worked with the Eastern Region, which invited the Ute Tribe to collaborate on the development of TAL services. The Eastern Region invited the Ute Tribe foster youth to participate in all TAL activities.

### **Exchange of Documents**

The ICWA Program Administrator is the individual responsible for providing copies of the CFSP, APSR, and other required documents to Utah's tribes. Tribes can also access plans and reports on the DCFS website located at <http://dcfs.utah.gov/reports/>.

### **Utah Tribal Leaders Public Contact List**

Please see the below tables for an updated Utah Tribal Public Contact List

## Confederated Tribes of Goshute

Tribal Chairman	Tribal Vice Chairperson	Council Member
<b>Rupert Steele</b>  Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034  Wk: 435-234-1138  Fax: 833-228-6507  Rupert.steele@ctgr.us	<b>Clell Pete</b>  Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034  Phone: 435-234-1138  Fax: 833-228-6507  Clell.pete@ctgr.us	<b>Mary Pete-Freeman</b>  Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034  Work: 435-234-1138  Fax: 833-228-6507  Mary.freeman@ctgr.us
Council Member	Council Member	Tribal Council Secretary
<b>Richard Henriod</b>  Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034  Phone: 435-234-1138 Fax: 833-228-6507  Richard.henriod@gmail.com	<b>Hope Jackson</b>  Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034  Phone: 435-234-1138 Fax: 833-228-6507  hope.jackson@ctgr.us	<b>Phyllis Naranjo</b>  Confederated Tribe of Goshute HC 61 Box 6104 195 Tribal Center Road Ibapah, UT 84034  Phone: 435-234-1138 Fax: 833-228-6507  Phyllis.naranjo@ctgr.us

## Skull Valley Band of Goshute

Tribal Chairwoman	Tribal Vice Chairperson	Tribal Secretary
<b>Candace Bear</b>  Skull Valley Band of Goshute 407 Skull Valley Road Skull Valley, UT 84029  Phone: 435-831-4079  candaceb@svgoshutes.com	<b>Dwayne Wash</b>  Skull Valley Band of Goshute 407 Skull Valley Road Skull Valley, UT 84029  dwaynew@svgoshutes.com	<b>Sheila Urias</b>  Skull Valley Band of Goshute 407 Skull Valley Road Skull Valley, UT 84029  sheilau@svgoshutes.com

## Northwestern Band of Shoshone Nation

Tribal Chairman	Tribal Vice Chairman	Treasurer
<b>Darren Parry</b>  Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302  Phone: 435-734-2286 Fax: 435-734-0424  dparry@arrowpoint.us	<b>Dennis Alex</b>  Pocatello Tribal Office 505 Pershing Ave., Suite 200 Pocatello, ID 83201  Phone: 208-478-5712 Fax: 208-478-5713  Banner02@gmail.com	<b>Jason Walker</b>  Pocatello Tribal Office 505 Pershing Ave., Suite 200 Pocatello, ID 83201  Phone: 208-478-5712 Fax: 208-478-5713  jwalker@nwbsoshone.com
Tribal Council	Tribal Council	Tribal Council
<b>Bradley Parry</b>  Brigham City Tribal Office 707 N. Main Street Brigham City, UT 84302  Phone: 435-734-2286 Fax: 435-734-0424 bradleyparry@me.com	<b>Jeffery Parry</b>  Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302  Phone: 435-734-2286 Fax: 435-734-0424 jparry@tope.us	<b>Shane Warner</b>  Pocatello Tribal Office 505 Pershing Ave., Suite 200 Pocatello, ID 83201  Phone: 208-478-5712 Fax: 208-478-5713  S2eagles@yahoo.com
Secretary	Executive Director	Pocatello Tribal Office
<b>Michael Gross</b>  Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302  Phone: 435-734-2286 Fax: 435-734-0424  Michaelgross81@gmail.com	<b>George Gover</b>  Brigham City Tribal Office 707 N Main Street Brigham City, UT 84302  Phone: 435-734-2286 Fax: 435-734-0424 ggover@nwbsoshone.com	505 Pershing Ave., Suite 200 Pocatello, ID 83201  Phone: 208-478-5712 Fax: 208-478-5713

## Paiute Indian Tribe of Utah

Tribal Chairperson	Tribal Vice-Chairperson	Tribal Administrator
<b>Tamra Borchardt-Slayton</b>  Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720  Office: 435-586-1112 Fax: 435-867-2659/ 435-586-7388  tslayton@utahpaiutes.org	<b>LaTosha Mayo</b>  Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720  Office: 435-586-1112 Fax: 435-867-2659 / 435-867-1514  lmayo@koosharempaiutes.org	<b>Shane Parashonts</b>  Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720  Office: 435-586-1112 ext. 101 Fax: 435-867-2659  sparashonts@utahpaiutes.org
Tribal Secretary	Tribal Council	Indian Peaks
<b>Carol Garcia</b>  Paiute Indian Tribe of Utah 440 North Paiute Dr. Cedar City, UT 84720  Office: 435-586-1112 Fax: 435-867-2659  cgarcia@utahpaiutes.org	<b>VACANT</b>  Shivwits Band of Paiute Nation 6060 West 3650 North Ivins, UT 84738  Office: 435-668-5169	<b>Chairwoman Jeanine Borchardt</b>  Indian Peaks Band of Paiute Nation P.O. Box 2062 Cedar City, UT 84721  Office: 435-586-1112  Jeanine.borchardt@gmail.com
Cedar Band	Tribal Council	Koosharem Band
<b>Delice Tom</b>  Cedar Band of Paiute Nation 600 North 100 East P.O. Box 235 Cedar City, UT 84720  Phone: 435-590-4760 Fax: 435-586-5915	<b>VACANT</b>  Kanosh Band of Paiute Nation PO Box 116 Kanosh, UT 84637  Phone: 435-590-9239 Fax: 435-586-0896	<b>LaTosha Mayo, Chairwoman</b>  Koosharem Band of Paiute Nation P.O. Box 205 Richfield, UT 84701  Office: 435-319-5508  lmayo@koosharempaiutes.org

## San Juan Southern Paiute Tribe

President	Vice President	At Large Tribal Council
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## Navajo Nation

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Navajo Nation Council Office of the Speaker		
<b>Honorable Seth Damon</b>  Speaker of the 23 <sup>rd</sup> Navajo Nation Council  Office of the Speaker P.O. Box 3390 Window Rock, AZ 86515  Phone: 928-871-7160 Fax: 928-871-7255	<b>LaShawna Tso</b>  Acting Chief of Staff  Office of the Speaker P.O. Box 3390 Window Rock, AZ 86515  Phone: 928-871-7160 Fax: 928-871-7255  lirtso@navajo-nsn.gov	<b>Byron Shorty, Sr.</b> Sr. Public Information Officer      Phone: 928-871-7160 Fax: 928-871-7255

## Navajo Chapters

Aneth Chapter	Dennehotso Chapter*	Mexican Water Chapter
<b>Wesley Jones, President</b>  P.O. Box 430 Montezuma Creek, UT 84534  Phone: 435-651-3525 Fax: 435-651-3560 aneth@navajochapters.org	<b>Larry Tuni, President</b>  P.O. Box 2301 Dennehotso, AZ 86535  Phone: 928-658-3300/3301 Fax: 928-658-3304 larrytuni@yahoo.com	<b>Kenneth Maryboy, President</b>  Mexican Water Chapter Red Mesa TP #1019 HC 61 Box 38 TeecNosPos, AZ 86514  Phone: 928-429-0943/0986/1054 Fax: 928-656-3661 Kenneth.Maryboy13@gmail.com

\* Located in AZ, but represents the Navajos of San Juan County within their jurisdiction.

Navajo Mountain Chapter*	Oljato Chapter	Red Mesa Chapter
<b>Hank Stevens, President</b>  P.O. Box 10070 Tonalea, AZ 86044  Phone: 928-672-2915 Fax: 928-672-2917 nmwua@hotmail.com	<b>James Adakai, President</b>  P.O. Box 360455 Monument Valley, UT 84536  Phone: 435-727-5850 Fax: 435-727-5852 fasthorse.adakai@gmail.com	<b>Herman Farley, President</b>  P.O. Box 422 Montezuma Creek, UT 84534  Phone: 928-656-3679/3656 Fax: 928-656-3680 Hfarley84534@yahoo.com
Teec Nos Pos Chapter*	Navajo Utah Commission	Navajo Utah Commission
<b>Alfred L. Jim, President</b>  P.O. Box 106 Teec Nos Pos, AZ 86514  Phone: 928-656-3662 Fax: 928-656-3661 aljim@navajochapters.org	<b>Clarence Rockwell, Exec. Dir.</b>  P.O. Box 570 Montezuma Creek, UT 84534  Phone: 435-651-3508 Fax: 435-651-3511 crockwell@navajo-nsn.gov	<b>Stephanie Holly, Admin. Asst.</b>  P.O. Box 570 Montezuma Creek, UT 84534  Phone: 435-651-3508 Fax: 435-651-3511 sholly@navajo-nsn.gov

### Navajo Nation Council Delegates

<b>Council Delegate</b> Aneth, Mexican Water, Red Mesa, Tólikan, and Teec Nos Pos	<b>Council Delegate</b> Tsah Bii Kin, Navajo Mountain, Shonto, and Oljato	<b>Council Delegate</b> Chinchilbeto, Dennehotso, Kayenta, and Red Mesa
<b>Charlaine Tso</b>  Navajo Nation Council P.O. Box 3390 Window Rock, AZ 86515  charlainetso@navajo-nsn.gov	<b>Herman Daniels, Jr.</b>  Navajo Nation Council P.O. Box 3390 Window Rock, AZ 86515  hdaniels@navajo-nsn.gov	<b>Nathaniel Brown</b>  Navajo Nation Council P.O. Box 3390 Window Rock, AZ 86515  Office: 928-871-6380  nbrown@navajo-nsn.gov

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## Ute Tribe Business Committee

Ute Tribe Business Committee		
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## Ute Mountain Ute Tribe

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Tribal Council	White Mesa Tribal Council Administration Division Director	White Mesa Tribal Council Rep.
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## VIII. CAPTA STATE PLAN REQUIREMENTS AND UPDATES

### Changes to State Law or Regulations

The State Attorney General's Office has completed a review of changes in state law related to the prevention of child abuse and neglect and has determined there are no changes that affect the state's eligibility for the CAPTA State Grant. There were no changes made to state regulations. Please see Attachment A. State Attorney General's Letter; and Attachment B. 2020 Utah Legislative Session Statute Applicable to CPS.

### Changes from the State's Previously Approved CAPTA Plan and Planned Use of Funds to Support 14 Program Areas

#### Changes to CAPTA State Plan

Utah is making the following substantive changes in the previously approved plan to improve the child protective services system in designated program areas under CAPTA Section 106(a).

#### Program Area #1: Intake, Assessment, Screening, and Investigation

Maintain the following goal:

- 1.1. Design and implement a system that supports CPS workers in responding to a referral in a way that better ensures child safety commensurate with identified child vulnerabilities and allegations. (See CFSP Goal #1, Objective 1.1)

Currently a Division workgroup is addressing how to best assist the families we serve through being more effective during the first 21 days of a case. The workgroup has met with families to discuss how it can improve service in the first 3 weeks of a case, as family members are the experts pertaining to the needs of their family. The workgroup is creating a workflow that addresses system barriers in order to support an elevated system response to children who are unsafe or safe with a plan; support upfront teaming with families; and prioritize search, engagement, and placement with kin. This revised workflow is expected to be implemented during the next year.

Delete the following goal as completed:

- 1.2. Implement the Strengthening CPS process for Eastern and Southwest Regions as part of the Operational Excellence Initiative (which includes data boards, batching, safety planning, supervisor skills, and focus on critical activities).

The Division completed the Strengthening CPS project by rolling out and implementing all areas of the Operational Excellence Initiative in the Eastern and Southwest regions and providing mentoring/coaching and technical support to ensure fidelity. DCFS state office is continuing to

provide monitoring and support to all regions in the state, as needed, to reinforce implementation of the Strengthening CPS process.

#### Program Area #2A: Interagency protocols to enhance investigations

Maintain following goal:

- 2.A.1. Establish a protocol for CPS workers to consult directly with medical staff at Primary Children's Hospital Safe and Healthy Families.

The Division is currently developing a contract to enable CPS staff to access medical consultation regarding child abuse and neglect investigations through Safe and Healthy Families. DCFS will implement this contract during the next year.

#### Program Area #2B: Improving legal preparation and representation

Delete the following goal as completed:

- 2B.1. Further expand and refine the process for notification of rights to request the expungement of child welfare allegations as outlined in Utah Administrative Code R512-76. Establish and implement a process for the automatic expungement of certain qualifying allegations.

DCFS implemented the new process for automatic expungement of certain qualifying allegations on June 21, 2018.

Maintain the following goal:

- 2.B.2. Establish a memorandum of agreement (MOA) with the State Office of Guardian ad Litem to claim title IV-E administrative costs for independent legal representation by an attorney for a child who is a candidate for title IV-E foster care or in foster care to prepare for and participate in all stages of foster care legal proceedings.

DCFS and the State Office of Guardian ad Litem have completed negotiations for the MOA. The document is under final review and will be implemented effective January 1, 2020.

#### Program Area #4: Developing, improving, and implementing safety and risk assessment tools and protocols.

Delete the following goal as completed:

- 4.1. Work with the CRC to update and revalidate the risk assessment and risk reassessment.

At the start of 2020, the CRC completed revalidation and update of the SDM risk assessment tool. The CRC also updated the SDM manual and guide to differentiate between the old and new tools. DCFS will utilize the manual and guide in training and implementation.

Add the following goal:

- 4.2. Develop a plan for the implementation and use of the revalidated SDM risk assessment and risk reassessment tools, which includes SAFE programming of the tools and making them available in the SAFE forms module.

The Division project management team is working with the SAFE (CCWIS) business analysts to develop specifications for the SDM tool and scoring revisions. The SAFE team will determine the timeframe for programming the SDM changes in conjunction with the overall CCWIS implementation plan. After SAFE programming is completed, the Division project management team will schedule training and implementation in the regions.

[Program Area #5: Develop and update systems of technology supporting and tracking reports of child abuse and neglect from intake through final disposition.](#)

Maintain the following goal:

- 5.1. Develop new and revise existing CPS modules within SAFE to transition from Web SAFE to CCWIS.

The SAFE team has scheduled the CPS module to be the first new module in the CCWIS system. Programming is underway and is expected to be completed in the next year.

[Program Area 6: Developing, strengthening, and facilitating training.](#)

Retain the following goal:

- 6.1. Develop and provide training for CPS workers addressing identification, assessment, and provision of services to children who are sex trafficking victims.

Initially, a training curriculum was developed for CPS workers in collaboration with a community provider. The Division is collaborating with the Utah Trafficking in Persons task force to review and bolster the curriculum. The project management team is also considering expanding use of the curriculum in training beyond CPS to all program areas.

6. 2 Provide updated training to staff and legal partners once the SDM Risk Assessment and Risk Reassessment are revalidated and revised.

DCFS will provide training to staff on the SDM Risk Assessment and Risk Reassessment after programming is completed in SAFE (see Goal 4.2). DCFS will also provide information about the revised SDM tools to legal partners including judges, GALs, AAGs, and parental defense attorneys.

Add the following new goals:



6. 3. Provide training to staff in conjunction with Safe and Healthy Families regarding sentinel injuries, children with disabilities and fetal exposure.

The CPS Program Administrator and a pediatrician from Safe and Healthy Families provided training regarding sentinel injuries, children with disabilities, and fetal exposure to all DCFS program staff. Statewide training sessions were completed on May 26, 2020. The Division is currently analyzing training feedback to determine next steps. The Division is planning to incorporate this training content into new employee training.

6. 4. Partner with Baby Watch Early Intervention Program (BWEIP) to provide cross training for staff of both agencies on child welfare services and early intervention services and child development of children ages 0-3.

The Division is currently working on a MOU with BWEIP. The training plan will be established after the MOU is completed.

#### [Program Area 8: Developing and facilitating protocols for individuals mandated to report child abuse and neglect.](#)

Retain the following goal as ongoing process:

- 8.1. Provide mandatory reporting of child abuse and neglect training that will help government, non-profit, and private entities identify what constitutes abuse and neglect, responsibility to report abuse and neglect, and when and how to report abuse and neglect.

The Division continually provides trainings to the community, partners and other government entities as requested and needed.

#### [Program Area 12: Supporting and enhancing interagency collaboration between child protection system and the juvenile justice system to improve delivery of services and treatment.](#)

Add the following goal:

- 12.1. Implement and evaluate a pilot project for a new intake referral process through which reports received about ungovernable youth are referred to juvenile justice services, instead of CPS, when no child abuse or neglect are indicated. Based on pilot results, DCFS will determine a plan for expansion to sites beyond pilot location.

The pilot was successfully completed in Northern Utah. In January 2020, JJS implemented early intervention services statewide as a resource for ungovernable youth, including those referred by CPS. DCFS is developing to protocol for referring families that call intake to appropriate JJS early intervention services. DCFS and JJS are also formalizing a joint protocol and expect implementation statewide by the end of 2020.

Retain the following goal as an ongoing process:

12.2. Continue to collaborate with the CJs on initiatives important to both agencies.

DCFS has continued to utilize the CJs for forensic interviewing and multi-disciplinary staffings.

[Program Area 13: Supporting and enhancing interagency collaboration among agencies in public health, the child protective service system, and private community-based programs to provide prevention and treatment services.](#)

Retain the following goal:

13.1. Collaborate with the Division of Substance Abuse and Mental Health, Department of Health, public and private health care providers, and families to improve the community response and resources available to pregnant mothers using substances and to mothers and their infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.

Progress on this goal is reported in the Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder section below.

[Program Area 14: Develop and implement procedures for collaboration among child protective services, domestic violence services, and other agencies.](#)

Retain the following goal as an ongoing process:

14.1. Collaborate with DHS Office of Quality and Design (OQD) and other partners to review child fatalities.

The Division is currently working on a collaborative safety model with OQD as a part of the fatality review process. The collaborative safety model team will provide training on implementation of the model to DCFS staff statewide by the end of 2020.

### **Planned Use of CAPTA Funds**

Next year, CAPTA grant funds will be used to improve and support Utah's child protective services system. Funds will continue to be used to fund Intake and CPS program administrators, provide training to CPS and Intake program staff, support activities of the CPS Citizen Review Committees, and provide for attendance at the national SLO meeting.

Funds will also be used for improved child abuse and neglect determinations by contracting for child abuse and neglect medical examinations and medical consultation through the Primary Children's Hospital Child Protection Team and nurses at the Children's Justice Centers. Funds may be used to assist in the creation and delivery of a training focused on sentinel injuries, children with special needs and fetal exposure. This training will be a joint effort between DCFS and Safe and Healthy Families from Primary Children's Hospital.

With the completion of the Structured Decision Making Risk Assessment and Reassessment, funds will help support the implementation of the revalidated tools and will also provide training and CQI in support of implementation throughout the state.

The only change in purpose for use of CAPTA funding will be to create additional capacity for programs and services or to increase caseworker knowledge and capacity. DCFS is forming specific plans to develop or improve programs and services that impact infants born with substance use disorders or show withdrawal symptoms, or the parent with a substance abuse disorder. Supplemental funding will be directed to the program and service areas that need strengthening or to create enhanced training or capacity for caseworkers. This will also be beneficial in helping Utah prepare for and bridge service resources pertaining to implementation of the Family First Prevention Service Act, particularly to address the need for evidence-based substance use disorder prevention and treatment services for caregivers of young children.

### **How CAPTA Grant Funds Were Used to Support Program Purposes**

In the past year, CAPTA grant funds were used to strengthen Utah's child protective services system and specifically to support several of the CAPTA program purposes. For example, funds from the CAPTA allocation were used to support activities of CPS and Intake program administrators, which created increased capacity to support and improve the intake, assessment screening, and investigation processes, consistent with program purpose number one. This use of funding also supported program area number ten, specific to improve public education relating to the role and responsibilities of the child protection system and reporting incidents of abuse or neglect.

CAPTA funding was used for Utah to better assess and bolster its child welfare response to infants and their caregivers affected by substance use. For example, funding was used for a study conducted by the University of Utah Social Research Institute to provide an independent analysis of implementation of the plan of safe care requirements to ensure that implementation is consistent with the requirements outlined in sections 106(b)(2)(B)(ii) and (iii) of CAPTA. The study was able to capture key research findings relevant to plans of safe care and made recommendations for best practices and improvement.

Funding was utilized to finalize the revalidation of SDM Risk Assessment and Reassessment tools, which supports program purpose number four. In addition, funding was used for professional development and training of intake and CPS staff, which supports program purposes number six and seven, in improving the skills and qualifications of individuals providing services to children and families, and their supervisors, through the child protective services system.

CAPTA funds were spent to support local CPS citizen review committees, which supports multiple program purposes related to collaboration and improvement of the CPS system.

Finally, funds were spent for contract services supporting improved child abuse and neglect determinations by funding child abuse and neglect medical examinations and medical consultation through the Primary Children's Hospital Child Protection Team and nurses at the

Children's Justice Centers, which supports program purpose 13. The table on the next page reports the number of medical evaluations and consultations provided under the contract during state fiscal years 2017, 2018, 2019, and through quarter three in 2020.

AG-DCFS Contract for CJC Medical Program																					
County	SFY 2017					SFY 2018					SFY 2019					SFY 2020					SFY 17-20 TOTAL
	Q1	Q2	Q3	Q4	SFY 17 Total	Q1	Q2	Q3	Q4	SFY 18 Total	Q1	Q2	Q3	Q4	SFY 19 Total	Q1	Q2	Q3	Q4	SFY 20 Total	
Salt Lake	71	57	72	43	243	43	44	46	44	177	49	31	35	33	148	45	30	29	0	104	672
Sevier and Sanpete	4	3	3	3	13	10	7	0	0	17	3	3	4	2	12	5	6	7	0	18	60
Utah	33	0	0	0	33	0	12	28	59	99	32	42	48	40	162	45	59	35	0	139	433
Total by Quarter	108	60	75	46	289	53	63	74	103	293	84	76	87	75	322	95	95	71	0	261	1165

## **CPS Citizen Review Panel Annual Report**

The annual CPS Citizen Review Panel report is located in Attachment C.

### **Addressing Needs of Infants Affected by Illegal Substances or with Fetal Alcohol Spectrum Disorder**

Utah is continuing efforts to support and address needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder.

#### **Changes in Implementation or Lessons Learned**

The Utah legislature made changes to allow calls to the child welfare hotline that involved pregnant women with substance use disorder that did not meet criteria for a DCFS investigation to be shared with the Division of Substance Abuse and Mental Health as well as the Department of Health. These agencies will then engage the family and connect them to treatment options in their area. Utah hopes this earlier treatment engagement approach will increase parents reaching out for help and feel less punitive. Changes were also made to the mandatory reporting law to focus on the functional impairment of the mother at the time of birth over simple exposure, especially for women who do not test positive at the time of birth. Reporting is still required if the child has withdrawal symptoms or is adversely affected due to substance use.

DCFS has not made any changes in practice guidelines for addressing needs of infants affected by illegal substances or with fetal alcohol spectrum disorder, as specified in detail in the CAPTA plan update submitted in June 2018. The agency has made ongoing efforts to educate staff about children and caregivers who meet the criteria and should be receiving a Plan of Safe Care as outlined in CAPTA sections 106(b)(2)(B)(ii) and (iii), and to ensure we are appropriately targeting and serving this population.

The University of Utah Social Research Institute conducted an independent analysis of implementation of the plan of safe care requirements to ensure that implementation is consistent with CAPTA requirements. Changes are being considered for the future based on findings and recommendations from the study.

#### **Multi-disciplinary Outreach**

DCFS has been working closely with the Division of Substance Abuse and Mental Health and the Department of Health regarding programs and services available to children and their parents, particularly for substance use disorder prevention and treatment.

DCFS continues to work with the Division of Substance Abuse and Mental Health, the Department of Health, local mental health authorities, local substance use authorities, local

health departments and private providers to develop a list of wraparound services that can be offered to pregnant women who have a substance use disorder.

DCFS worked with DSAMH and community substance use disorder local authorities to implement family based residential substance use treatment programs for children in foster care and their parents under the Family First Prevention Services Act.

DCFS has worked with the Utah Women and Newborns Quality Collaborative, to create “safety bundle training” for hospital staff and promote cross system collaboration of cases involving fetal exposure. This training aims to increase the understanding of each other’s roles in supporting newborns and families when there has been fetal exposure.

Together with partners, we are working to ensure services are available, in an effort to eliminate gaps. The efforts are ongoing and will continue to expand as funding, programs, and opportunities for service connections continue to grow.

### **Monitoring Plans of Safe Care**

The majority of children receiving Plans of Safe Care are monitored through traditional in-home or out-of-home (foster care) services processes, because this population is primarily served by DCFS. Each family served by DCFS through In-home or Out of Home Services receives a needs assessment. Families are linked to services based on need, and the effectiveness of services is monitored as a primary function of an ongoing case. There have also been ongoing efforts to bolster services available to this population.

Plans of SAFE Care may also be monitored through ongoing Qualitative Case Reviews and Case Process Reviews, the Division’s annual qualitative and quantitative review processes. Needs assessment, case planning, and adequacy of services are among components of these case review processes.

Also, as indicated above, the University of Utah Social Research Institute conducted a study to provide an independent analysis of implementation of the plan of safe care requirements to ensure that implementation is consistent with the requirements outlined in sections 106(b)(2)(B)(ii) and (iii) of CAPTA. This study provided findings and recommendations, which DCFS is looking to implement.

As we expand utilization of Safe Care by outside organizations, we will work with partners to develop a mechanism for ongoing monitoring of Plans of Safe Care.

### **Technical Assistance Needs**

The division believes it is effectively in compliance with Sections 106(b)(2)(B)(ii) and (iii) of CAPTA and does not expect to require any federal technical assistance to improve practice at this time.

## **Governors Assurance Statement**

The CAPTA Governor's Assurance Statement verifying compliance with the provisions of CAPTA section 106(b)(2)(B)(vii), as amended by the Victims of Child Abuse Act Reauthorization Act of 2018, was signed by Governor Gary Herbert, Utah's current governor, and submitted previously.

## **State Liaison Officer for CAPTA**

The following individual is the State Liaison Officer for CAPTA and may be contacted regarding questions that relate CAPTA or child abuse and neglect.

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## **Statistical and Supporting Information**

### **CAPTA Annual State Data Report**

#### *Information on Child Protective Services Workforce*

#### *Education, Qualifications, and Training Requirements*

To qualify for hiring, child protective services workers must have a Bachelor's Degree in Social Work or a related field. In addition, they must complete training as indicated below. Child Protective Services workers must complete training specified for direct services staff. Intake workers have modified training requirements.

#### *Direct Services Staff*

All DCFS direct services staff, which includes CPS caseworkers, are required to complete 120 hours of in-class Practice Model Training and 40 hours of supervised field experience before they can work individually with children and families.

During this training, participants receive an orientation to DCFS; are introduced to the Division's Mission, Practice Model, Practice Skills, and Practice Principle; and learn about the foundations of child welfare. Training topics include child abuse and neglect, worker safety, child interviewing, motivational interviewing, audio-import, removal of children, developmental screening, Structured Decision-Making (SDM), legal aspects of child protection (provided by the Office of the Attorney General), secondary traumatic stress (STS), trauma and attachment, effects of trauma on child development, domestic violence, cultural responsiveness, and use of



the SAFE database. Finally, during Practice Model Training, new direct services staff receive HomeWorks Training, which introduces participants to the strengthening families protective factors framework and the Utah Families and Children Engagement Tool (UFACET), and provides workers with tools and skills that can help them effectively serve children and families receiving in-home services.

Practice Model training was offered six times per year for a total of 30 trainings over the last five years. In those five years, the average number of participants per year was 160.

Following Practice Model Training, new employees work side-by-side with experienced caseworkers who provide one-on-one mentoring to new caseworkers who deliver Intake, CPS, In-Home, Foster Care, and other program services.

Direct service staff are required to complete a web-based 4th and 14th Amendments Training. They are also required to complete a four-hour Introduction to the Indian Child Welfare Act course and the one-day Trauma Informed Care training within one year of being hired.

### *Intake Workers*

Since intake workers are not assigned a caseload, are not working in independent casework, and are not directly assessing and working with children and families, the specified 120 hours of in-class Practice Model Training is not required. Instead, new intake workers are required to complete 80 hours of training. Initially, they attend the first 40-hours of in-class Practice Model Training, omitting training specific to fieldwork.

Following the 40-hour in-class Practice Model Training, new intake workers complete 40 hours of side-by-side training with experienced intake workers who have been with the agency two years or more. This training provides one-on-one mentoring and shadowing experiences for new intake workers.

Should intake workers choose to transfer to fieldwork, they are required to first complete 120 hours of in-class Practice Model Training and 40 hours of supervised field experience before they can work individually with children and families.

### *Direct Services and Intake Staff*

In addition, to keep their skills current, all direct services and intake staff are required to complete 20 hours of additional training each year. To meet this requirement, the training team schedules a number of courses in which instructors address specific child welfare issues or teach advanced casework skills. In addition, caseworkers are encouraged to participate in outside training opportunities during which they learn about new service delivery models, skills, tools, or techniques as well as connect with direct service, clinical, and administrative staff employed by other agencies.

All employees must also complete periodic department and state mandatory administrative courses including harassment training, driver safety training, and training relating to the use of state technology resources.

*Child Protective Services Personnel Demographic Information*

The table below contains demographic information for the DCFS child protective services workforce, including CPS and Intake workers, for Federal Fiscal Year 2019.

Child Protective Services Workforce FFY 2019		
Gender	Count	Percent
Female	274	77.2%
Male	81	22.8%
<b>Total</b>	<b>355</b>	
Race	Count	Percent
American Indian or Alaska Native	1	0.3%
Asian	5	1.4%
Black or African American	4	1.1%
Hispanic or Latino Origin	39	11.0%
Multiracial	6	1.7%
Native Hawaiian or Other Pacific Islander	6	1.7%
Unknown, Declined to Disclose	27	7.6%
White	267	75.2%
<b>Total</b>	<b>355</b>	
Average Age: 37		

### *CPS Caseload Data for CPS Workers and Supervisors*

The table below reflects caseload information for CPS caseworkers that are considered full-time, having at least eight open cases at the point in time measured. On average, caseworkers had nearly 14 open cases on the first day of each month during FFY 2019. The maximum number of cases open to a caseworker on the first of each month ranged from 25 to 44; although, 44 only occurred in one month, April. Otherwise, the range was from 25 to 36. The maximum number of cases under the responsibility of a supervisor on the first day of each month ranged from 73 to 127, with an average of 104 cases.

<b>CPS Workers with Eight or More Open Cases on the First Day of Month in Each Month of FFY 2019</b>												
Cases Open On the First Day of the Month	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
Number of Cases	1774	1772	1698	1446	1610	1632	1467	1542	1573	1232	1262	1274
Caseworkers with 8 or More Open Cases	123	125	122	109	117	120	110	112	107	88	97	93
Supervisors of Caseworkers with 8 or More Open Cases	59	58	56	57	53	51	45	51	45	40	42	39
Average Open Cases per Worker	14	14	14	13	14	14	13	14	15	14	13	14
Average Open Cases per Supervisor	30	31	30	25	30	32	33	30	35	31	30	33
Maximum Open Cases to a Caseworker	36	28	25	28	28	34	44	34	37	30	28	30
Maximum Open Cases to a Supervisor	99	98	114	100	100	122	127	115	113	73	85	105

Please see tables below for results of closed CPS cases and age of supported victims in closed CPS cases FFY 2019 data.

Results of Closed CPS Cases		
	FFY 2019	
Case Finding	Count	Percent
Supported	7,590	35.2%
Unsupported	14,746	68.3%
Unable to Complete Investigation	1,040	4.8%
Unable to Locate	379	1.8%
Without Merit	399	1.8%
False Report	31	0.1%
<b>Total Closed Cases</b>	<b>21,588</b>	

Age of Supported Victims in Closed CPS Cases		
Victim Age at Case Start	FFY 2019	
	Count	Percent
0 to 5 Years	4,007	36.7%
11 to 13 Years	1,761	16.1%
14 to 17 Years	2,427	22.2%
18 Years and Older	1	0.0%
6 to 10 Years	2,752	25.2%
<b>Total Supported Victims</b>	<b>10,917</b>	

### *Juvenile Justice Transfers*

Please see the table below for the percent of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FFY 2019.

Reasons Children Exited Foster Care						
FFY	Reunification	Custody/ Guardianship to Relative	Adoption	Age Of Majority/ Emancipation	Transfer to Juvenile Justice	Other
<b>2019</b>	45.2%	14.7%	28.3%	5.6%	1.0%	5.2%

## IX. Financial Information

### **Payment Limitation: Title IV-B, Subpart 1**

DCFS does not use IV-B subpart 1 funding to pay for childcare, foster care maintenance, or adoption assistance payments and did not do so in FFY 2005. No Title IV-B subpart 1 funding was used for these purposes in FFY 2005 or in FFY 2019. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2019 than it did in FFY 2005.

Likewise, since in FFY 2019 DCFS did not use federal IV-B, subpart 1 funds for foster care maintenance payments, nor did it do so in FFY 2005, it did not allocate state funds as a match for federal funds. Therefore, DCFS has complied with the requirement that the FFY 2019 state match for foster care maintenance payments did not exceed the amount of the FFY 2005 match.

The maximum amount of Title IV-B subpart 1 funds that will be claimed for administrative costs, as specified in section 422(c) of the Social Security Act, will be limited to 10%.

### **Payment Limitation: Title IV-B, Subpart 2**

As noted under Expenditure of PSSF Funding, DCFS plans to expend at least 20% of total PSSF funds in each of the four service categories.

The maximum amount of Title IV-B Part 2 funds that will be claimed for administrative costs, including caseworker visitation funds, will be limited to 10% as specified in section 434(d) of the Social Security Act.

## FFY 2019 IV-B Subpart 2 - Payment Limit Non Supplantation Requirements [45 CFR Parts 1357.15(F)]

DCFS will not use federal funds awarded under Title IV-B Part 2 to supplant federal or state funds for existing family support, family preservation, family reunification and adoption support services based upon the state's FY 1992 expenditures.

	State FY 1992			Oct 91-June 92	State FY 1993			July 92-Sept. 92	Total Expenditures FFY 1992
	State	Federal	Total	75% of State FY	State	Federal	Total	25% of State FY	FFY 1992
Homemaker Services	25,600	28,900	54,500	19,200	25,600	32,900	58,500	6,400	25,600
Family Preservation Services	139,800	150,900	290,700	104,850	125,600	86,300	211,900	31,400	136,250
In-home Services	52,400	46,500	98,900	39,300	57,000	13,800	70,800	14,250	53,550
Parenting Skill Services	8,500	25,600	34,100	6,375	14,200	19,900	34,100	3,550	9,925
Crisis Nursery Services	0	134,229	134,229	0	139,500	428,118	567,618	34,875	34,875
Subsidized Adoptions (non IV-E)	139,200	294,500	433,700	104,400	54,776	347,615	402,391	13,694	118,094
Children's Trust Fund	350,000		350,000	0	350,000	0	350,000	0	350,000
Total	715,500	680,629	1,396,129	274,125	766,676	928,633	1,695,309	104,169	728,294
					FFY 2019 (Oct 2018–Sept 2019)				Total Expenditures FFY 2019
					State	Federal	Total		
Homemaker Services (HHMK)					0	0	0		0
Family Preservation Services (PSSF)(HFFP)					220,518	513,927	734,445		734,445
In-home Services (HIHS)					225,248		225,248		225,248
Parenting Skill Services (FFS and PPC)					943,168	771,469	1,714,637		1,714,637
Crisis Nursery Services (HCSN)					1,328,878	416,000	1,744,878		1,744,878
Subsidized Adoptions (non IV-E-HSAO)					4,230,391	0	4,230,391		4,230,391
Adoption Assistance (HSAN)					0	0	0		0
Children's Trust Fund (HNTE)					442,238	0	442,238		442,238
Total					7,390,441	1,701,396	9,091,837		9,091,837

## **Chafee Program**

The Department of Human Services certifies that no more than 30 percent of the allotment of federal Chafee funds will be expended for room and board for youth who left foster care after the age of 18 years of age and have not yet attained age 23. Utah operates an extended foster care program and has chosen to exercise the Chafee option to serve youth up to age 23.